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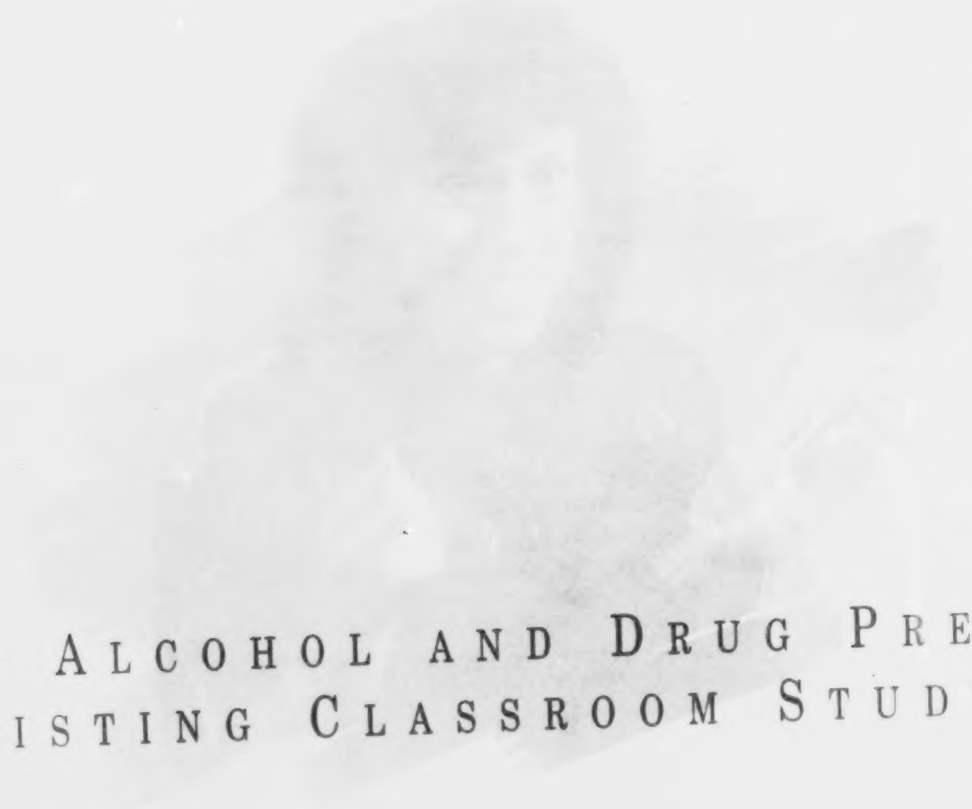
ABSTRACT

This curriculum module, one of seven developed by the "Infusion Project," offers information and lessons on drug use prevention for integration into an existing seventh-grade exceptional education middle school curriculum for social skills, mathematics, science and language arts. The module, based on a type of interactive learning called infusion learning, contains 55 lessons each providing objectives, a list of resource materials, suggested student activities, suggestions for additional classroom or out-of-class activities and teacher tips. Many lessons come with one or more work sheets for reproduction. Sample social skills lessons cover: community resources, local news and government, coping with conflict, feelings, careers, assertiveness, problem solving, self esteem, nutrition and advertising, learning strategies and law awareness. The mathematics lessons cover such skills as: using a calculator, reasoning, calculating effects of driving under the influence, graphing, problem solving, and budgeting money. Typical science lessons examine: plants, biology/health, body systems, cardio pulmonary resuscitation, drug use, alcohol abuse, The language arts lessons cover: reading, spelling, assertiveness training, recognizing inference and implied meaning, functional living skills, communication (3), capitalization and punctuation, newspaper use, Acquired Immune Deficiency awareness, and letter writing. Also included is "Just the Facts," a set of information units for teachers on alcohol, amphetamines, barbiturates, children of alcoholics, cocaine, designer drugs, driving under the influence, eating disorders, inhalants, lysergic acid diethylamide, marijuana, nutrition, opiates, phencyclidine (PCP), steroids and tobacco. There is a teacher's booklet which introduces the program. (JB)

HE 024 967

INFUSION PROJECT
Preventing Alcohol & Drug Use

ED337123



# INFUSING ALCOHOL AND DRUG PREVENTION WITH EXISTING CLASSROOM STUDY UNITS

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# The Network for Drug Free Colleges/ERIC/HE Project

The ERIC Clearinghouse on Higher Education has been given federal funds to process a special collection of policy, program and curriculum documents produced by the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse, a coalition of institutions initiated by the Department of Education, Office of Educational Research and Improvement in response to the 1989 Drug Free Schools and Communities Act.

Major objectives of the project are to:

- increase access to the information on programs, policies, and curricula developed by Network member institutions;
- encourage the use of the ERIC system by Network member institutions;
- improve the Network's ability to know about, and share information on activities at member institutions; and
- test a model for collaboration with ERIC that other national agencies might adopt.

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VALENCIA
Community College

July 2, 1991

Valencia Community College is pleased to be distributing the curriculum infusion modules to you. The modules were produced as a result of a Drug-Free Schools and Communities Training and Demonstration grant in cooperation with the Orange County School system.

One of the key elements of the successful implementation of the modules during the piloting phase of this project was the intensive alcohol and other drug abuse prevention training that was provided to the participating middle school teachers. This training was also a model for the teachers in identifying interactive learning techniques and in implementing these techniques in the classroom. The teacher's guide, located on the inside flap of each notebook, will offer additional information on interactive learning. It is optimal for the teacher to perceive their role as a facilitator, as opposed to a lecturer, with this curriculum.

If you have any questions regarding the project or the workshop, please contact me as follows.

Ms. Michele McArdle
Project Infusion
Valencia Community College
DTC - 2
P.O. Box 3028
Orlando, Florida 32802
Phone (407) 299-5000, ext 3141

Thank you for your interest in Project Infusion. Your opinions and feedback are welcomed.

**Note: The modules must have been obtained directly from Valencia Community College. Permission is hereby granted to make unlimited copies of these materials to individuals within your school district. The materials may not be distributed to any other school district or agency without our permission.**

*P.O. Box 3028 Orlando, FL 32802-3028*
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# SOCIAL SKILLS

## COMMUNITY RESOURCES

### SUBJECT OBJECTIVE

Students will compile a list of recreational activities from newspapers, magazines, television, and personal observation.

### PREVENTION OBJECTIVE

Students will develop critical thinking skills by naming positive activities for fun around school and the community.

### MATERIALS / RESOURCES:

1. Newspapers, magazines, television guide, phone book (yellow pages)
2. Background Information for the Teacher: "Pastimes List"
3. Student Handout: Venn Diagram

### PROCEDURES / ACTIVITIES:

1. Working in groups of 2 or 3, students will brainstorm and use resources to compile lists of recreational and leisure activities.
2. Using Venn Diagrams, students will place activities based on location of occurrence: indoors, outdoors, both.
3. Group speakers will share with class why certain activities were placed in which area.

### EXTENSION ACTIVITIES

Take field trips to various parks, etc. to see facilities and/or area.

Do cut and paste project for bulletin board of fun activities.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about the activity surprised me? How am I going to be different after this activity? What did I learn about myself?

Subject objective can be correlated to Exceptional Education IEP objective.

Assign roles in cooperative groups:
a. recorder,
b. leader,
c. speaker.

## TEACHER BACKGROUND INFORMATION

# PASTIME LISTS

### *INDOORS*

toys
table games
watching television
movies
collections: insects, stamps, coins (viewing)
painting/drawing
knitting
needlework
music, instrument practice
library, reading

### *OUTDOORS*

team sports - spectator
sightseeing
collecting insects
boating
fishing
sunbathing
swimming
picnicking
horseback riding

### *BOTH*

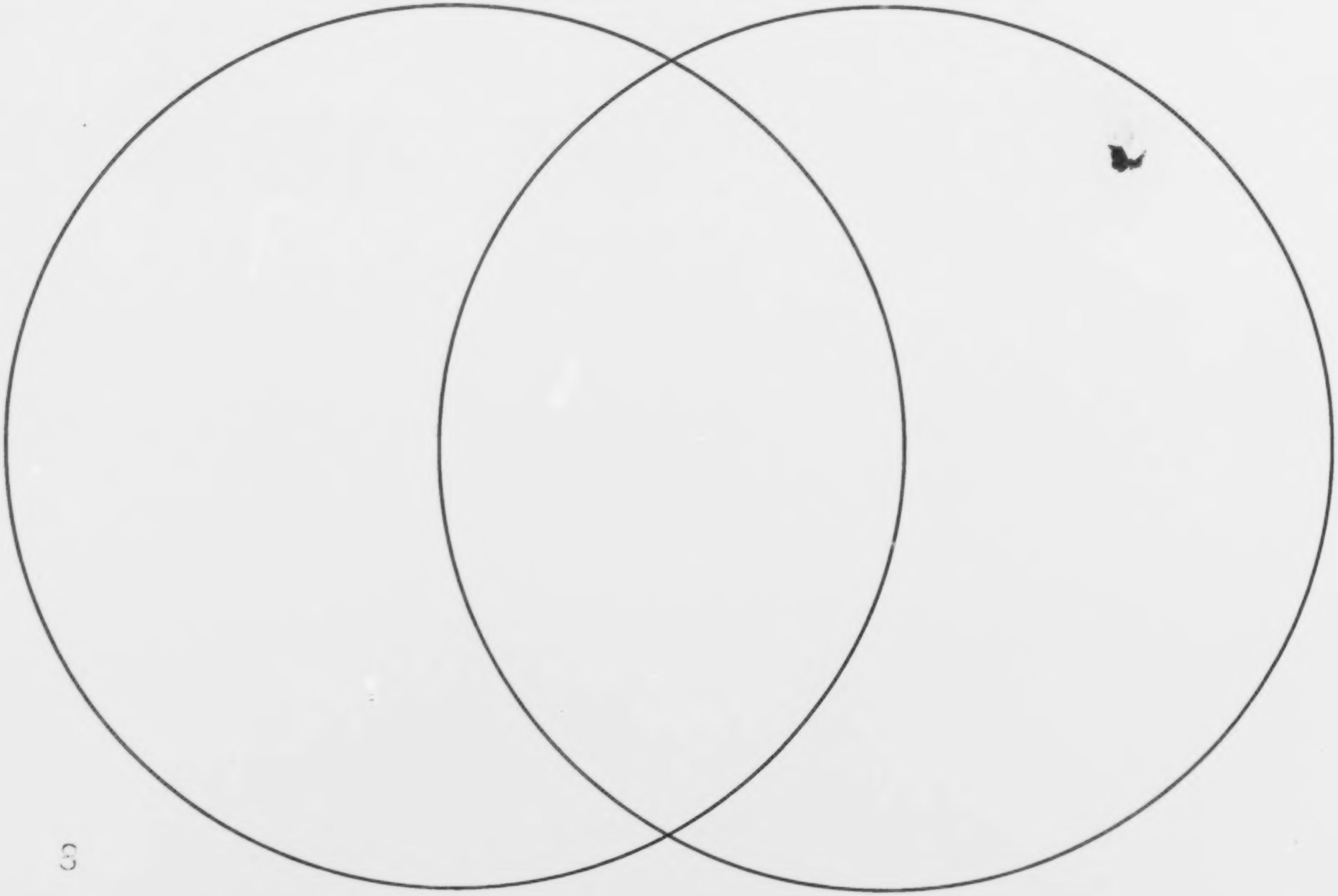
collections
growing plants
caring for pets
reading
skating

**Teachers: This list is just a starting point.
Do not limit your class to just these suggestioons.**

Teacher Background Information

## VENN DIAGRAM

# PASTIMES LISTS



Teacher Background Information

## VENN DIAGRAM

# PASTIMES LISTS

**INDOORS**

toys
table games
watching television
movies
collections: insects, stamps, coins (viewing)
painting/drawing
knitting
needlework
music, instrument practice
library, reading

**BOTH**

collections
growing plants
caring for pets
reading
skating

**OUTDOORS**

team sports - spectator
sightseeing
collecting insects
boating
fishing
sunbathing
swimming
picnicking
horseback riding

# SOCIAL SKILLS

## AFFECTIVE

### SUBJECT OBJECTIVE

Students will demonstrate alternative behaviors for given situations.

### PREVENTION OBJECTIVE

Students will demonstrate assertiveness techniques to resist pressures to use drugs.

### MATERIALS/RESOURCES

1. Puppets (students/professionally made)
2. Costumes (optional for role play)
3. Teacher Background Information: "Assertiveness Techniques"

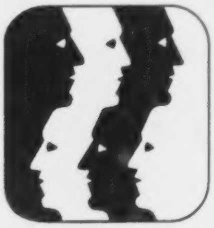
### PROCEDURES/ACTIVITIES

1. Pre-activity discussion of ideas of right and wrong; and of assertiveness techniques.
2. Divide students into small, cooperative groups. Each group will develop a script or a puppet show to role play assertiveness techniques.
3. Each group will perform skit for class.
4. Discussion or critique will follow presentation.

### EXTENSION ACTIVITIES

Students attend puppetry workshop to refine skills.

Present to younger children, peers, other schools.



Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions:
What information learned from this activity surprised me? How do I feel about incorporating assertiveness techniques into my behavior?

Subject objective can be correlated to Exceptional Education IEP objective.

Teacher needs to establish a working knowledge of assertive techniques for students. (see Teacher Background Information Sheet)
Teacher should collect and store materials prior to the start of the activity, especially if puppets are to be made by the students.

## TEACHER BACKGROUND INFORMATION

# ASSERTIVENESS TRAINING

## 1. Discussion Tips

a. Do what will make you feel good about yourself.
b. Decisions have consequences - you have to live with the consequences of your actions.
c. If it feels wrong or uncomfortable - it probably is - **Don't Do It.**

## 2. Assertiveness Techniques

a. State the position immediately.
b. Repeat your position - stick to it - give no reason or excuse.
c. Take the offensive - be clear and concise - put pressure on the other person.
d. End the conversation, count to 5, then leave or devise alternative plan.

## RESOURCES

Video tapes available from Sunburst Communications, Dept. AW,
39 Washington Ave., Pleasantville, N.Y. 10570

1. Drugs - Your friends and You: Handling Peer Pressure

2. Be Your Best Self: Assertiveness Training

Book available from Avon Book, The Hearst Corp., 105 Madison Ave., N.Y. 10016

Not My Kid by Beth Polson and Miller Newton

# SOCIAL SKILLS

## Local News and Government

**SUBJECT OBJECTIVE**

Students will identify the consequences of violating laws.

**PREVENTION OBJECTIVE**

Students will state legal ramifications for AOD use.

## MATERIALS / RESOURCES:

1. Books, Magazines, Newspaper Articles
2. Teacher Background Information: "Just the Facts . . .DUI"
3. Sample Article from Orlando Sentinel
4. Teacher Background Information: excerpts from "What Works: Schools Without Drugs"

## PROCEDURES / ACTIVITIES:

1. Students find articles that relate consequences of illegal use of AOD.
2. Discuss real conseqences as illustrated in articles. Include some discussion on emotional effects (eg. "How do you think it would feel to be arrested for DUI?").
3. Problem solve consequences of being found in possession of A or OD by school staff? by police?

## EXTENSION ACTIVITIES:

Invite a Judge from Juvenille Court to speak to group about typical sentences. Field trip to area jail or prison.

Grade level
7

## Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn ? What did I learn about myself? What will I start or stop doing after this experience?

Subject objective can be correlated to Exceptional Education IEP objective.

Teacher will need to research the laws and consequences of their geographic area ahead of presenting this activity.

May want students to work in cooperative groups based on physical abilities and reading levels.

# Drink, Drive: Net Is Ready To Haul You In

**By Christopher Quinn**

**Orlando Sentinel**

Recite the alphabet, the Orlando cop told the driver as cars rumbled past on South Orange Blossom Trail. Don"t rhyme it and don"t sing it.

The driver got to P.

Touch your finger to your nose, the officer said. The driver touched his lip. Walk a straight line, he ordered. The driver fell off balance twice.

Rack up another drunken driving arrest, just one of 86 in Orange and Seminole counties during last year's Fourth of July weekend.

Law enforcement officials say the arrests - none involving a serious accident - were typical of the 3,743 such arrests in Seminole and Orange counties in 1989.

A quarter of the drivers charged during the Fourth of July weekend had previous convictions for drunken driving. And in the year that followed, seven of the 86 would be arrested yet again. Most of the 86 were white men, and almost half were 20 to 29 years old. Most were so drunk they staggered.

Drunken driving convictions are expensive. Violators pay as much as $10,000 for fines, probation, and higher insurance fees. They also endure the humiliation of sharing intimate details of their lives with probation officers, therapists, and other violators.

Yet, for all of the publicity about drunken driving penalties, none of the first-time offenders that weekend were sentenced to jail. Second-time offenders went for ten days. More than half of the 86 had the court's OK to keep driving to work, church, and doctor's offices.

Drunken drivers don't spend much time in jail because of overcrowding, several authorities said. Orange Circuit Judge Charles Prather said he would like to see all such drivers get a taste of jail.

So would Mary Wiley, Orlando's pioneer in the fight against drunken driving.

For ten years, since Wiley's 20-year-old daughter, Mary, was killed in a car crash on Orange Avenue, Wiley has fought for tougher laws and penalties for drunken drivers. She founded the Southeast's first chapter of Mothers Against Drunk Driving in 1981.

Laws and penalties alone, however, won't solve the problem, Prather and others said. The solution lies in attitudes toward liquor.

"You turn on the tube, and you see everyone having a marvelous time drinking their beer," Prather said. "Everybody's just having a great time and meeting beautiful people."

Until those values change, he said, drunks will continue to weave all over the roads, including Central Florida's. When the last fireworks starburst fills the sky Wednesday night, another batch of drivers will have been plucked from their cars by DUI patrols.

"It affects the way I live," instructor Jim Cauthen recently told a classroom full of motorists arrested for drunken driving. "The Fourth of July's coming up. I won't be on the highway...I'm scared."

## Most drunken driving arrests at night

Efforts at reforming drunken drivers start with their arrests, which almost always happen at night. Drivers going 20 mph faster than the speed limit, or 20 mph slower, catch the attention of police. So do drivers who weave, tailgate or make wide turns.

Most drunken drivers deny they are drunk and accept roadside sobriety tests as a challenge. They make game efforts at counting to 30 or standing on one foot. They almost always fail.

The drivers react to their failures with tears or fury, sometimes both.

A 27-year-old Orlando man arrested last July 1 was sorrowful at first, then angry. He had been found driving in circles in the middle of Orange Blossom Trail, forcing cars to skid to a halt. His blood alcohol level was 0.245 percent - more than double the legal limit of 0.10 percent. He was so drunk he could not stand. During his ride to jail, he banged his head in anger on metal bars separating him from the police.

A 30-year-old mechanic, stopped in College Park last July 3rd., simply pretended that police were not there and tried to walk away. When the police put him in the patrol car, he vomited. He continued to throw up all the way to the jail, refusing to be taken to a hospital.

Like most people arrested for drunken driving those two men were white. Of the 47,305 people arrested for drunken driving in Florida last year, 37,136 were white men, 3,252 were black. Almost 7,000 women were arrested, of whom 293 were black.

Most drivers arrested during last year's holiday agreed to take breath tests to determine the level of alcohol in their blood. Alcohol is not digested like food but is absorbed directly into the bloodstream from the stomach lining. Florida considers people drunk when alcohol makes up 0.10 percent of their blood. Those who failed the test were jailed until they posted bond, usually no longer than overnight.

### Court sends all to DUI safety classes

"You don't want to be here," DUI instructor Cauthen recently told a class of 24 drivers, most charged with, or convicted of, drunken driving. "But we're not in the punishing business."

Judges send every drunken driver to such classes. In Central Florida, many drivers are sent to one held over Walgreen's in Orlando's Colonial Plaza Mall.

The DUI Counter Attack School, run by the Central Florida Safety Council, aim to stop first offenders from becoming repeat offenders, but it does not yet keep track of how many students are caught driving drunk again. The class costs $148 and lasts 12 hours, spread over 4 nights or two days.

"We can't do anything about the first arrest," Cauthen said in an interview. "We don't see them until after that."

On the night of Cauthen's class, students clearly wanted to be elsewhere. Cauthen broke the ice by admitting that he is a recovering alcoholic who can identify with their plight.

Then he hit them with these statistics: 25,000 people nationwide will die in alcohol-related accidents this year; for every drunken driver arrested, 2,000 go free; 90 percent of those arrested deny having an alcohol problem.

He told them to look around on Interstate 4 on their way home to see how many drivers are weaving and hunched over their wheels.

More than anything, Cauthen stressed what would happen if they were arrested again: a mandatory 10 days in jail, $500 fine and five years with a revoked or restricted license.

Cauthen showed the students a movie in which the victims of alcohol-related accidents, or their families, discussed their plights.

Wiley wants the school to use local victims. She participated in such a program earlier this year.

The DUI classes have strict rules: no smoking, eating or drinking. If students show up drunk, instructors send them home. And if drivers are even a half minute late for any of the classes, they are locked out. Rule breakers must pay $25 to re-register and start the class over.

Not every student is a convert.

"The class - all it does is tell you that if you have two drinks, you're drunk... It's just something you had to do to satisfy them (authorities)," said one of the motorists arrested during last year's Fourth of July weekend. "It's like being in the military. They tell you something, and you do it."

The driver's arrest last year was his second, so he attended class for 21 hours at a cost of $233. He said that none of the measures used on drunken drivers - the class, fines, jail, counseling, or revoked licenses - stop people from drinking and driving.

The only way to stop drunken drivers, he said, is to outlaw alcoholic beverages. Convenience stores with barrels of cold beer by their doors just tempt drivers to drink.

"That's like hanging a carrot in front of a donkey and saying, "Don't eat it,"he said.

As for people who don't drink and drive but worry about being hit by those who do: "If you don't want to get hit by a drunk driver and you're so worried about it, stay home."

### Discussing the problem with strangers

Life after the arrest of a drunken driver continues in the rooms of counselors, at Alcoholics Anonymous and in checkbooks, which are drained to cover the costs of the crime.

The safety council decides if drivers need alcohol treatment, based on two written tests and an hour long interview. Jennings said 60 percent of first offenders need it. Drivers who balk are charged with violating their probation and, sometimes, put in jail.

The treatment can be as simple as 12 one-hour group sessions for 12 weeks or as complicated as admittance to a hospital. Whatever the treatment, the drivers are forced to talk about their drinking problems with strangers.

In addition to counseling, repeat offenders go to jail. A second offense in three years results in 10 days in jail; a third offense in five years means 30 days.

Jail would be a good idea for all drunken drivers, according to Prather and Wiley. Prather said a weekend would be a good taste.

Wiley said, "I'd say one week in jail with alcohol treatment."

Jail is no guarantee, however, that a driver will clean up a drinking problem. A Fort Meade heavy-equipment operator was caught driving last year with a blood alcohol level of .273 percent - the highest of anyone arrested during the July Fourth holiday. It was his third drunken driving arrest, and he was sent to jail.

He arrived at jail drunk, registering a blood alcohol level of .255 percent.

When motorists convicted of drunken driving are sentenced, they always walk out of court without their licenses. More than half of those arrested during the Independence Day weekend last year kept driving, however, because Florida's legislators let them.

Florida's law states that if a license is revoked for six months drivers can get a hardship license immediately upon finishing DUI classes. If they take a DUI class before being sentenced, they can get their license back immediately after judges revoke them. Hardship licenses let people drive to work, church and medical appointments. They are available after a year when a license is revoked for five years, after 10 years when revoked for life.

Some drunk drivers return to the streets without a license. The license of a 59-year-old Apopka welder caught driving drunk on State Road 437 during last year's holiday was revoked in 1986.

When arrested last July 2, he recited the alphabet by saying,"A B C D E F G Q R Z." His blood alcohol level was 0.20 percent.

"Some people couldn't care less whether they have a license or not," Prather said.

Perhaps the stiffest drunk driving penalty is the cost. With lawyers' fees ranging from $250 to many thousands of dollars, increased insurance rates of $1,000 to $2,000 a year, fines, DUI school tuition and counseling, the cost can climb to more than $10,000.

"We thought hitting the pocketbook would do it," Wiley said.

"It hasn't."

People drive drunk again and again, Wiley has learned.

A 63-year-old Winter Park man had been through the drunken driving mill four times before last July. He had paid four fines and gone through an assortment of classes. Yet, when the July 4th holiday rolled-around in 1989, he was picked up again, this time in a minor accident. His blood alcohol level was .26 percent. In September, before he was sentenced in the July case and lost his license for life, he was picked up on a sixth drunken driving charge.

Jennings of the Safety Council said drivers will continue to be arrested until they change their behavior. The biggest hurdle the council faces is convincing drunken drivers that they have a problem with alcohol.

The hurdle is hard to cross. The man who compared DUI classes to the military has been through DUI classes, community service, probation, license suspension, and even five days in jail. His sentence included a judge's order to stay away from alcohol for a year.

"I cannot drink until after September the third," he said, "and on September the fourth, I'm having a party."

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## TYPICAL COST OF A FIRST-TIME DRUNKEN DRIVING ARREST

| | |
|---|---|
| **INCREASED AUTO INSURANCE** | **$4,000 TO $7,000*** |
| **FINES AND COURT COST** | **$300 TO $745** |
| **COURT-ORDERED TREATMENT** | **$250 TO $3,000** |
| **ATTORNEY'S FEES** | **$250 AND UP** |
| **SUPERVISED PROBATION** | **$360** |
| **DUI SCHOOL** | **$148** |
| **TOTAL** | **$5,308 TO $11,253** |

***OVER 3 TO 5 YEARS**

# "HOW THE LAW CAN HELP"

## Taken from "What Works: Schools Without Drugs"
## United States Department of Education

Federal law accords school officials broad authority to regulate student conduct and supports reasonable and fair disciplinary action. The Supreme Court recently reaffirmed that the constitutional rights of students in schools are not "automatically coextensive with the rights of adults in other settings." Rather, recognizing that "in recent years . . . drug use and violent crimes in the schools have become major social problems," the Court has emphasized the importance of effective enforcement of school rules. On the whole, a school "is allowed to determine the methods of student discipline and need not exercise its discretion with undue timidity."

An effective campaign against drug use requires a basic understanding of legal techniques for searching and seizing drugs and drug-related material, for suspending and expelling students involved with drugs, and for assisting law enforcement officials in the prosecution of drug offenders. Such knowledge will help schools identify and penalize students who use or sell drugs at school and enable school officials to uncover the evidence needed to support prosecutions under Federal and State criminal laws that contain strong penalties for drug use and sale. In many cases, school officials can be instrumental in successful prosecutions.

In addition to the general Federal statutes that make it a crime to possess or distribute a controlled substance, there are special Federal laws designed to protect children and schools from drugs:

* An important part of the Controlled Substance Act makes it a Federal crime to sell drugs in or near a public or private elementary, secondary, vocational, or postsecondary school. Under this "schoolhouse" law, sales within 1,000 feet of a school are punishable by up to double the sentence that would apply if the sale occurred elsewhere. Even more serious punishments are available for repeat offenders.

* Distribution or sale to minors of controlled substances is also a Federal crime. When anyone age 18 or over sells drugs to anyone under 21, the seller runs the risk that he or she will receive up to double the sentence that would apply to a sale to an adult. Here too, more serious penalties can be imposed on repeat offenders.

By working with Federal and State prosecutors in their areas, schools can help to ensure that these laws and others are used to make children and schools off-limits to drugs.

The following pages describe in general terms the Federal laws applicable to the development of an effective school drug policy. This section is not a compendium of all laws that may apply to a school district, and it is not intended to provide legal advice on all issues that may arise. School officials must recognize that many legal issues in the school context are also governed, in whole or in part, by State and local laws, which, given their diversity cannot be covered here. Advice should be sought from legal counsel in order to understand the applicable laws and to ensure that the school's policies and actions make full use of the available methods of enforcement.

Most private schools, particularly those that receive little or no financial assistance from public sources and are not associated with a public entity, enjoy a greater degree of legal flexibility with respect to combatting the sale and use of illegal drugs. Depending on the terms of their contracts with enrolled students, such schools may be largely free of the restrictions that normally apply to drug searches or the suspension or expulsion of student drug users. Private school officials should consult legal counsel to determine what enforcement measures may be available to them.

School procedures should reflect the available legal means for combatting drug use. These procedures should be known to and understood by school administrators and teachers as well as by students, parents, and law enforcement officials. Everyone should be aware that school authorities have broad power within the law to take full, appropriate and effective action against drug offenders. Additional sources of information on legal issues in school drug policy are listed at the end of this handbook.

## Ordering Information

To obtain a copy of this handbook free of charge,
please call the Department of Education's toll-free number **1-800-624-0100.**

In the Washington, DC, metropolitan area, call **732-3627.**
Or send your name and address to :

**Schools Without Drugs**
**Pueblo, CO. 81009**

or to:

**National Clearinghouse for Alcohol and Drug Information**
**P.O. Box 2345**
**Rockville, MD. 20852**

## COPING WITH CONFLICT

### SUBJECT OBJECTIVE

Students will demonstrate knowledge of coping with conflict within the family unit.

### PREVENTION OBJECTIVE

Students will demonstrate a knowledge of coping skills and decision making.

### MATERIALS/RESOURCES

1. Video: Soft Is The Heart Of A Child (can be ordered through the school library).
2. Teacher Background Information: "Children In Dysfunctional Families."

### PROCEDURES/ACTIVITIES

1. Show video to introduce relationships among family members.
2. Discuss possible coping strategies children in the video could use.
3. Role play situations/episodes in the video incorporating school personnel, trusted adult or local agency such as Alanon etc. that the students could use as resources for coping.

### EXTENSION ACTIVITIES

Show videos: The Big Dance, and The Best Laid Plans.

Discuss causes of alcoholism and emphasize the addictive component of disease.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about this activity surprised me? What was I thinking during the video and discussion? How am I going to be different after this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Very sensitive topics could arise from this discussion and video.

Watch body language and acting out behaviors during video and discussion.

Videos: The Big Dance and The Best Laid Plans can be ordered through: Simon Bloom, DeGrass Junior High, WGBH Educational Foundation, 125 Western Ave., Boston, MA 02134

Videos shown on PBS may be taped and played within 7 days.

Teacher Background Information

# "CHILDREN IN DYSFUNCTIONAL FAMILIES"

| **Roles Child Takes On** | **Behaviors** | **Effects on Family** | **Inside Feelings** | ***Future May Hold . . .*** | |
|---|---|---|---|---|---|
| | | | | Without Therapy | With therapy |
| **Family Hero** | Over achiever<br>Follows rules<br>Is successful in school, sports. | Family is proud.<br>Often takes over as care-giver. | Feels like a failure. | Overworked<br>Feels responsible for everything | Able to take time from work. Takes care of self and not everyone else. |
| **Scapegoat** | Angry, hostile rebellious<br>Doesn't like to compete. | Gets all attention<br>Removes focus from addicts. | Feels responsible for problems in family. | Prison | Takes into consideration consequences - makes wise choices. |
| **Lost Child** | Withdraws from the family. Likes to be alone. Doesn't have friends. | Doesn't cause any problems seen as a "good" child. | Feels insignificant and excluded from family. | Remains alone. May die prematurely | More outgoing and creative abilities surface. |
| **Mascot** | Class Clown. Very sensitive. Frail - but doesn't show it. Immaturity. Hyper in school. Short attention span. | Sense of Humor. Makes "light" of crisis situation. | Feels afraid and worries. | Doesn't mature. Remains comedian to relieve pain in crisis situations. | Able to take care of himself and admit feelings. |

# SOCIAL SKILLS

## FEELINGS

### SUBJECT OBJECTIVE

Students will list different techniques of handling feelings.

### PREVENTION OBJECTIVE

Students will list positive activities as alternatives to drug use.

### MATERIALS/RESOURCES

1. Student Handout:
   "Dealing With Feelings"

### PROCEDURES/ACTIVITIES

1. As a group, discuss and list ten feelings.
2. Students list these on their handout.
3. Point out that some people chose unhealthy ways to handle difficult feelings.
4. Discuss and list positive and negative activities.
5. Role play how to handle feelings both negative and positive ways.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Subject objective can be correlated with the Exceptional Education IEP objective.

Feeling suggestions - happy, sad, angry, excited, frustrated, jealous, nervous, caring, fear, loneliness.

Student Worksheet

# DEALING WITH FEELINGS

| **Positive Activities** | **Negative Activities** |
|---|---|

# SOCIAL SKILLS

## GATEWAY DRUGS

### SUBJECT OBJECTIVE

Students will attain resistance skills necessary in coping with peer pressure.

### PREVENTION OBJECTIVE

Students will identify peer pressure, and will learn different ways to resist peer pressure as it relates to AOD.

### MATERIALS / RESOURCES

1. Video "Straight At Ya" (Valencia Community College).
2. Background Information for the Teachers - "Types of Peer Program Approaches" (Prevention Plus 11).

### PROCEDURES / ACTIVITIES

1. Class discussion on what they think causes kids to use AOD. List these.
2. View video "Straight At Ya." Discuss what they learned from the video.
3. Divide into groups of 2 to 5 students and discuss the different ways they saw to "Say No" to AOD.
4. Groups develop short skits, 2 to 3 minutes in length demonstrating the ways to "Say No" and to resist peer pressure.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What did I learn about myself? How am I going to be different after this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

# GATEWAY DRUGS

**Drug** - Nicotine
**Form** - Pipe tobacco, cigarettes, snuff, chewing tobacco
**Possible Effects** - Respiratory difficulties, fatique and high blood pressure.

**Drug** - Alcohol
**Form** - Liquid: beer, wine, wine coolers, liquor
**Possible Effects** - total loss of coordination, nausea, sluggishness, slurred speech, disorientation, depression.

**Drug** - Marijuana
**Form** - Plant Particles
**Possible Effects** - relaxed inhibitions, euphoria, increased appetite, distorted perceptions, disoriented behavior.

**Taken from: Psychoactive Drugs Post It Chart**
**Florida Alcohol and Drug Abuse Association**
**1286 North Paul Russell Road**
**Tallahassee, FL 32301**

# *OVERVIEW OF META-ANALYSIS*

## Number of Programs/Program Modalities

Tobler located over 240 programs evaluated during 1972-84. Of these, 98 studies, encompassing 143 different program modalities (although half reported only single modalities), met her selection criteria.

## Selection Criteria

Programs included in this analysis had the following characteristics:

1. Quantitative measurements of outcome measures (including mediating variables - i.e., risk factors).
2. Control or comparison group.
3. Focus on grade 6 (if incorporated into middle or junior high school) through 12.
4. Primary prevention as goal (i.e., assisting youth to develop mature, positive attitudes, values, behaviors, skills, and life styles).

## Sources

The majority (64 percent) of the studies were from published literature: 30.5 percent from unpublished reports: and 5.5 percent from dissertations. Almost all programs were university-sponsored.

## Target Group Characteristics

1. Setting: most programs (93.3 percent) were school based.
2. Geographic location: most were evenly split between urban and suburban.
3. Class: about one third middle class; one third were unidentified.
4. Sex: most were for males and females.
5. Special populations: only 12.6 percent served special populations (large minorities, substance abusers, and those with school problems).
6. Grade level: twice as many junior as senior high programs.

## Program Modalities

Tobler identified 16 strategies which she collapsed into the following five categories:

1. Knowledge only - presentation by teacher of legal, biological, and psychological effects of drug abuse: scare tatics.
2. Affective only - self-esteem building, self-awareness, feelings, values clarifications, experimental activities.

3. Peer programs - positive peer influence; peer teaching; peer counseling; helping, and facilitation; peer participation - subdivided into those focusing on refusal skills (saying no) and those concentrating on interpersonal and intrapersonal life skills.
4. Knowledge plus affective - combination of 1 and 2.
5. Alternatives - activities more appealing than drug use - subdivided into those focusing on community involvement activities and those concentrating on increasing basic competency skills for at-risk youth.

### Outcome Measures

Effect sizes were computed on five different outcome measures:

1. Knowledge gains.
2. Attitudes and values in general and attitudes toward drug use.
3. Use of alcohol/drugs.
4. Skills relevant to alcohol/drug use (affective, assertiveness, decisionmaking, and self-esteem).
5. Behavior both directly measured by actual drug use as observed by principal, parent, and police incident reports: arrest; hospitalizations; and indirectly measured by school grades, attendance, comprehensive tests.

### Process Measures (Program Implementation)

Although most of the studies failed to report implementation data, six factors were identified which affected how well the program was delivered:

1. Teacher training (offered for 45 percent of the programs).
2. Teacher - staff conferences.
3. Peer teachers.
4. Peer - staff supervision.
5. Curriculum (available in most programs).
6. Text or written/audio-visual aids (present in one - third of the programs).

### Major Findings

According to Tobler, "If decreased drug use is the ultimate aim of the drug prevention programs, the final criteria should be measured on the outcome measure" P. 555). Looking at the results on this measure, Tobler's major conclusions are as follows:

1. For the average adolescent, "Peer programs are dramatically more effective than all other programs" even at the lowest level of intensity (hours spent in prevention programming). (p.555)
2. For the high risk (special populations) adolescent, alternatives showed an effect size "for increasing skills and changing behavior in both direct drug use and indirect correlates of drug use" equivalent to that obtained by peer programs for the average youth. (p. 561)

## Implications for Substance Abuse Programming

Tobler discusses three major implications for future school-based adolescent substance abuse prevention programming:

1. Discontinue knowledge - only and affective - only programs for average adolescents
2. Focus on peer programs which emphasize peer refusal skills as well as communication and decisionmaking skills
3. For at-risk youth, peer programs should be supplemented with additional alternatives (such as community activities, physical adventure, mastery learning, job skills, etc.).

Let's look at each of these more closely.

## Knowledge-only or Affective-only Programs

Tobler is emphatic in advocating the elimination of programs using only the strategy of giving information or of building self-esteem and clarifying values as substance abuse prevention strategies. Her research, like that of Schaps' and other individual studies, bears out the lack of effects on substance abuse behavior of programs based on the assumption that knowledge changes will lead to attitude changes with corresponding behavior changes. Tobler's research also confirms prior research findings that significant results can occur in drug use without attitude changes (Resnick). Concomitantly, program evaluations that use as outcome measures only knowledge or attitude changes are not using valid measures of program effectiveness. "The inclusion of relevant drug use measures (must be) the final criteria for success" (Tobler, P. 560) Obviously, in the substance abuse prevention field, "old habits die hard," for in spite of the solid research evidence contradicting knowledge-only or affective-only programs (and even those combining these two approaches), far too many programs are still based on these ineffective modalities.

## Peer Programs

Tobler's research clearly and convincingly identifies the effectiveness and cost-effectiveness of even low intensity school-based peer programs for reducing drug abusing behaviors among the general adolescent population. While neither time nor space allow for a review of the peer program approach, I encourage you to read the excellent overview of peer programs for substance abuse prevention done by Resnick and Gibbs ("Types of Peer Program Approaches"). This article is a clearly written, comprehensive overview of the peer program concept, approaches, and specific examples. While peer programs come in a variety of overlapping shapes and sizes (which they collapse into the four broad categories of positive peer influence, peer teaching, peer counseling/facilitating, and peer participation), the following discussion summarizes the characteristics Gibbs and Resnick identify as distinguishing peer programs from other prevention modalities:

- **Goals**

  Peer programs usually espouse one of these goals:

  1. To generate meaningful involvement, activities, and responsibilities for youth.
  2. To channel both negative peer pressure to engage in self-destructive behaviors (substance use, sexual promiscuity, delinquency) and the "normal energies and risk-taking tendencies of youth" toward constructive ends.
  3. To build personal and social competency skills.

*** Context**

No matter "whatever the goal or particular approach of a peer program, peer programs are (ultimately) distinquished from other kinds of programs by am emphasis on young people in the context of the peer group" .(p. 49)

*** Setting**

Peer programs "tend to be located in settings where groups of young people commonly occur, either naturally and spontaneously or as a result of society's conventions and laws" (p. 51). Schools are the most common setting with community agencies a not too close second.

*** Elements**

The critical elements of a peer program are the dynamics of peer pressure, peer influence, and group interaction.

*** Adult Role**

The type of peer program (counseling, teaching, participation, influence) is far less important than the attitude and style of the adults involved. "In any peer program, the role of the adult program leader (ultimately) can make the difference between the program being a peer program or being simply an adult-dominated group" (p. 53). The attitude of the adult, then, must be one of acceptance and comfort with youth interacting freely in small informal groups and of confidence in the ability of young people to accept responsibility. The style of the adult should be facilitating and guiding, not controlling, and should reflect "conscious role-modeling" of appropriate group behavior-careful listening and caring, non-judgmental statements.

In addition to identifying peer programming as the most effective substance abuse prevention modality, Tobler's meta-analysis further postulates that the critical component of peer programs in preventing substance abuse is the direct emphasis on behavior through the teaching of peer refusal skills as well as other direct behavior skills (general assertiveness, communication, problem-solving, decisionmaking, etc.) Her meta-analysis thus provides verification of the positive results already found for substance abuse prevention programs based on a social-psychological model such as C. Anderson Johnson's Project SMART and Gilbert Botvin's Life Skills Training Program. While these two program models include knowledge and attitude change components, their main emphasis is on skill-building; both resisitance and general skills.

Another recently evaluated program, Say It Straight, is focused directly on changing adolescent problem behaviors and can be used not only as a substance abuse prevention strategy but in delinquency, teen pregnancy, and AIDS prevention as well. According to the developer, Paula Englander-Golden, "SIS training is a school-based program (5 days, 50 minutes a day) which has been used since 1982 to give students the opportunity to learn straightforward communication skills and positive peer support, thereby enhancing their self-esteem" (Englander-Golden, c,p. 1). In her study focused on substance abuse prevention, Englander-Golden found "not a single alcohol/drug related school suspension during an entire school year in one middle school where an almost totally trained milieu was attained in the first month of the 1984-85 school year" (c,p. 1). Futhermore, in a recent study she extended SIS training to high school students and measured juvenile police offenses. Over a one and one-half year follow-up the untrained students had about 4.5 times as many juvenile criminal offenses as the trained students.

The focus of SIS is on building honest, assertive communication skills, based on the principles of Virginia Satir, through extensive role-playing of interpersonal situations in which students find themselves, such as "How do I say no" to a friend? How do I say "I have to quit" to a group of friends? How do I say "I don't like what I see you doing" to a friend?"

Two significant issues to consider about SIS training are that (1) no factual information is given and no discussion of alcohol/drugs occurs, and (2) the students choose the content of the situations to be explored. According to Englander-Golden, "Nowhere in (SIS training) are students told what their deep wishes or new choices should be... Since freedom is one of the most important values to young people, the trainers minimize the risk of rebellious reaction to the training by avoiding debate and respecting the students' freedom" (pp. 20 & 24).

Thus, SIS training appears to get at the essence of peer programming's effectiveness-providing youth the opportunity to participate in activities meaningful to their lives for which they assume responsibility and over which they have some control.

**Alternatives**

Tobler's finding that alternative programs are proving highly successful in reducing drug-abusing behaviors of at-risk adolescents such as drug abusers, juvenile delinquents, or students experiencing school problems is a significant contribution to the current debate over what approaches work best with this "nearly implacable population" (Tobler, p. 561). Tobler hypothesizes that, "Perhaps this type of program helps to put an (at-risk) child in control of some part of his (or her) life for the first time" (p. 561). Conversely, she accounts for the small-effect size of this strategy for white, middle-class youth as follows: "The adventure of mountain climbing or mastering reading is not a new experience for most of the teenagers. Somewhere in the average child's life their environments have already provided these advantages: therefore, programs of the type will add little extra to average teenagers' lives" (p. 561).

# SOCIAL SKILLS

## CAREERS

### SUBJECT OBJECTIVE

Students will identify interests and hobbies.

### PREVENTION OBJECTIVE

Students will identify positive activities as an alternative to using AOD.

### MATERIALS / RESOURCES

1. Overhead projector
2. Student Handout: "Fun, Positive Activities"
3. Teacher Background Information: "Sample Activities"

### PROCEDURES / ACTIVITIES

1. Hand out a work sheet to each student.
2. Allow students 4-5 minutes to write down some ideas.
3. Each student shares his/her ideas with the class as the teacher writes them on the overhead.
4. Have class brainstorm for more activities and add to the list on the overhead.
5. Have students go back to their own list and determine what might be a suitable career that would fit their interests.

### EXTENSION ACTIVITIES

Design a positive activities bulletin board or collage.

Do the same activity in groups of 3-4 students.

Discuss how your interests can be used to make good career choices along with your abilities.

Compare the positive and negative effects of making choices.

Grade
level
7

### Teacher Tips:

**Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn about myself from this activity? What will I do differently in the future?**

**Subject objectives can be correlated to Exceptional Education I.E.P. objectives.**

# FUN, POSITIVE ACTIVITIES

**List 10 fun activities that you can participate in instead of using alcohol and other drugs.**

1. ________________________________________
2. ________________________________________
3. ________________________________________
4. ________________________________________
5. ________________________________________
6. ________________________________________
7. ________________________________________
8. ________________________________________
9. ________________________________________
10. ________________________________________

## Personal Interests and Hobbies:

1. ________________________________________
2. ________________________________________
3. ________________________________________
4. ________________________________________

# Teacher Background Information

## SAMPLE ACTIVITIES

Sports
Football
Basketball
Swimming
Baseball
Tennis
Racquetball
Frisbee
Golf
Biking
Running

Hobbies
Dancing
Yoga
Music
Reading
Photography
Crafts/Sewing
Stamp collecting
Needlepoint
Theater/Movies

Games
Cards
Chess
Checkers
Connect four
Monopoly
Trivia/Pursuit
Scattergories
Win, Lose or Draw

Other Activities
Volunteer work
Tutoring
Clubs
Part-time job

## ASSERTIVENESS

### SUBJECT OBJECTIVE

Students will practice assertiveness exercises.

### PREVENTION OBJECTIVE

Students will recognize the differences in aggressive and assertive responses to peer pressure.

### Materials/Resources

1. Video, "Assertiveness Training," Valencia Community College.
2. Student Handout: "What Do You Know..."

### Procedures/Activities

1. Class discussion on what they think being aggressive is and what they think being assertive is.
2. View video, "Assertiveness Training."
3. Discuss video and their new ideas about the difference between aggressiveness and assertiveness.
4. Role-play situations involving peer pressure and the application of assertiveness.
5. Discuss how this will help them avoid/resist AOD.

### Extension Activities:

Distribute "What Do You Know..." Chart before and after the video for students to make comparison.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate infusion prevention. Suggested questions: What did I learn form this activity? What did I learn about myself? How am I going to be different after this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

"Assertiveness Training,"
Sunburst Communications,
Dept. AW, 39 Washington Ave.,
Pleasantville, N.Y. 10570,
1-800-431-1934.

## WHAT DO YOU ...

**Before Video**

**Know about Aggressiveness ?**
**List some characteristics**

**Know about Assertiveness ?**
**List some characteristics**

## WHAT DO YOU ...

**After Video**

**Know about Aggressiveness ?**
**List some characteristics**

**Know about Assertiveness ?**
**List some characteristics**

# SOCIAL SKILLS

## AFFECTIVE

### SUBJECT OBJECTIVE

Students will recognize personal emotions and their impact on mood and behavior.

### PREVENTION OBJECTIVE

Students will give examples of how feelings effect action.

### MATERIALS/RESOURCES

1. Student Handout: one set of emotion cards for each student.

### PROCEDURES/ACTIVITIES

1. Duplicate student cards, one set for each student.
2. Discuss the emotions on the cards and their definitions with the class.
3. Hand out the student emotion cards. Each student takes a turn choosing one card and acting out a situation where they might experience that emotion. Other class members try to guess the emotion being acted out.
4. After the students have had their turns, discuss the fact that there are reasons for feeling the way we do, and if we can understand the 'why' of our feelings, it will help us to understand our feelings.

### EXTENSION ACTIVITIES

Repeat the activity in small groups.

Do a brainstorming activity and have the students name as many feelings as possible. Then name some situations where they might have those feelings.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Subject objective can be correlated with the Exceptional Education IEP objective.

Determine student's ability to read cards, to review words, and to understand definitions.

STUDENT HANDOUT

## EMOTION CARDS

| | |
|---|---|
| UNHAPPY | AFRAID |
| RESENTFUL | LONELY |
| GRIEF | DISCOURAGED |
| POUTY | COURTEOUS |
| NERVOUS | DEPRESSED |
| LAZY | SELFISH |
| COOPERATIVE | UNFRIENDLY |

# SOCIAL SKILLS

## Understanding Self Organization

### SUBJECT OBJECTIVE

Student will list alternative behaviors and consequences for given situations.

### PREVENTION OBJECTIVE

Student will recognize and resist pressures to use AOD.

### MATERIALS / RESOURCES:

1. Student handout: "AOD Questionnaire."
2. Teacher Background Information: " Example Scenarios."
3. Chart and Markers.
4. Student handout: "Drug Quiz."
5. Teacher Background Information: "Drug Quiz Key."

### PROCEDURES / ACTIVITIES:

1. Survey students for AOD use prevalence using class AOD questionnaire.
2. Chart results of survey. (May be completed by students).
3. Present scenarios involving drug use and related problems, and role play healthy responses to these scenarios.

### EXTENSION ACTIVITIES:

You may develop a questionnaire that surveys drug knowledge instead of use. (See sample drug quiz included)

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? How am I going to be different after this activity? What will I start or stop doing after this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Modify AOD Questionnaire to fit students abilities.

Inform Student Assistance Team if problems emerge with a particular student.

# Class AOD Questionnaire

| Please put a check mark (✓) to show your answer. | YES | NO |
|---|---|---|
| 1. Have you ever smoked a cigarette? | | |
| 2. Do you smoke everyday? | | |
| 3. Do you smoke once a week? | | |
| 4. Do you smoke sometimes? | | |
| 5. Have you ever drank beer? | | |
| 6. Do you drink beer everyday? | | |
| 7. Do you drink beer once a week? | | |
| 8. Do you drink beer sometimes? | | |
| 9. Have you ever smoked marijuana? | | |
| 10. Do you smoke marijuana everyday? | | |
| 11. Do you smoke marijuana once a week? | | |
| 12. Do you smoke marijuana sometimes? | | |
| 13. Have you ever drank wine or wine coolers? | | |
| 14. Do you drink wine or wine coolers everyday? | | |
| 15. Do you drink wine or wine coolers once a week? | | |
| 16. Do you drink wine or wine coolers sometimes? | | |
| 17. Have you ever drank other alcoholic beverages? | | |
| 18. Do you drink other alcoholic beverages everyday? | | |
| 19. Do you drink other alcoholic beverages once a week? | | |
| 20. Do you drink other alcoholic beverages sometimes? | | |

## BACKGROUND INFORMATION FOR TEACHERS

### Example Scenarios

1. Finding out a classmate is selling and using CRACK.

2. Driver you came to party with is drunk when its time to go home.

3. Students in bathroom offer you alcohol, marijuana, and/or a cigarette.

4. Your boyfriend/girlfriend just broke up with you and your friends are telling you to come have a drink because you deserve it.

5. A friend from school takes you to a party where there are no adult chaperons and the kids are drinking and using drugs.

6. You're looking for your favorite shirt in your brother's dresser and you find a pack of cigarettes. Should you smoke them?

7. You're babysitting for a neighbor and a friend comes by with some wine coolers. How do you handle this situation?

# DRUG QUIZ

1. The most commonly abused drug in the United States is

___ marijuana
___ alcohol
___ cocaine
___ heroin

2. People who are dependent on heroin keep taking it to

___ experience pleasure
___ avoid withdrawal
___ escape reality
___ be accepted among friends

3. Which drug does not cause physical dependence?

___ alcohol
___ morphine
___ peyote
___ codeine
___ secobarbital

4. Most drug users make their first contact with illicit drugs

___ through pushers
___ through their friends
___ accidently
___ through the media

5. The majority of inhalant abusers are

___ men
___ children
___ women
___ the elderly

6. Which of the following poses the greatest health hazard to the most people in the United States?

___ cigarettes
___ heroin
___ cocaine
___ LSD
___ caffeine

7. Which of the following poses the highest immediate risk to users?

___ marijuana
___ alcohol
___ LSD
___ inhalants

8. What sobers up a drunk person?

___ a cold shower
___ black coffee
___ a traffic ticket
___ time

9. Medical help for drug problems is available without legal penalty

___ if the patient is under 21
___ under the protection of the Federal law
___ in certain States

10. How long does marijuana stay in the body after smoking?

___ one day
___ 12 hours
___ up to one month
___ one hour

11. The use of drugs during pregnancy

___ should be limited to tobacco and alcohol
___ may be harmful to the unborn child
___ should cease at 26 weeks

12. What makes marijuana especially harmful today?

___ younger kids are using it
___ it is much stronger
___ it could affect physical and mental development
___ all of these

# *DRUG QUIZ KEY*

1. alcohol

2. avoid withdrawal

3. peyote

4. through their friends

5. children

6. cigarettes

7. inhalant

8. time

9. under the protection of the Federal law

10. up to one month

11. may be harmful to the unborn child

12. all of these

## GOVERNMENT: LAW

### SUBJECT OBJECTIVE

Student will list at least three reasons a person can be arrested.

### PREVENTION OBJECTIVE

Student will discuss the legal consequences of taking alcohol and other drugs.

### MATERIALS/RESOURCES

1. Vocabulary list.
2. Student Handout: "Government Word Search".

### PROCEDURES/ACTIVITIES

1. Guest Speaker - a police officer to talk about arrests related to alcohol and other drugs.
2. Word search.
3. A group discussion on what drugs a person can be arrested for.

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Subject objective can be correlated with the Exceptional Education IEP objective.

Speakers to get to talk about legal aspects of alcohol and drugs:
- Sheriff
- Detention Worker
- HRS
- Judge
- Lawyer
- Liaison Officer
- Probation Officer

# GOVERNMENT WORD LIST

cocaine

drugs

probation

alcohol

prison

bail

handcuffs

pot

crack

warrant

probation officer

jail

sentence

bond

offense

marijuana

# GOVERNMENT

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | P | C | A | O | A | I | S | E | N | T | E | N | C | E | N | P | E | D | C |
| R | R | A | C | L | K | W | I | N | N | O | E | R | Z | E | R | R | O | R | D |
| R | I | A | V | I | C | N | G | U | N | P | D | E | R | T | H | O | E | U | I |
| N | S | F | C | L | U | O | E | N | C | E | P | R | O | B | A | B | T | G | I |
| O | O | N | O | K | F | F | H | I | C | E | R | M | A | R | O | A | I | S | J |
| U | N | A | N | N | A | H | A | O | N | D | C | U | F | N | F | T | S | A | L |
| C | O | H | N | O | L | J | A | I | L | E | D | U | D | C | A | I | T | I | O |
| A | N | S | O | E | N | T | E | N | C | W | E | W | A | R | R | O | A | N | S |
| N | T | P | I | R | I | S | O | C | O | A | I | M | E | N | P | N | O | S | F |
| A | I | T | T | I | V | E | D | R | I | R | N | K | I | N | G | O | B | E | F |
| U | E | R | A | L | I | Q | O | U | R | R | Q | U | E | S | T | F | I | O | U |
| J | N | S | B | R | E | F | L | E | C | A | T | E | S | C | O | F | O | R | C |
| I | D | C | O | C | A | I | N | E | I | N | N | A | L | T | I | I | O | N | D |
| R | R | E | R | H | A | B | I | L | I | T | T | I | A | T | I | C | O | N | N |
| A | S | U | P | B | S | T | A | N | C | E | A | A | B | U | S | E | E | M | A |
| M | I | E | S | N | E | F | F | O | S | B | U | S | E | B | O | R | N | D | H |

cocaine
drugs
probation
alcohol
prison
bail
handcuffs
pot

crack
warrant
probation officer
jail
sentence
bond
offense
marijuana

Answer Key

# GOVERNMENT

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | P | | A | | | | S | E | N | T | E | N | C | E | | P | | D | |
| | R | | | L | | | | | | O | | | | | | R | | R | |
| | I | A | | | C | | | | | P | | | | | | O | | U | |
| | S | | C | | | O | | | | | | | | | | B | | G | |
| | O | | | K | | | H | | | | | | | | O | A | | S | |
| | N | | | | | | | O | | | | | | N | | T | | | |
| | | | N | | | J | A | I | L | | | | D | | | I | | | |
| A | | | O | | | | | | | W | | | | | | O | | | S |
| N | | | I | | | | | | | A | | | | | | N | | | F |
| A | | | T | | | | | | | R | | | | | | O | | | F |
| U | | | A | | | | | | | R | | | | | | F | | | U |
| J | | | B | | | | | | | A | | | | | | F | | | C |
| I | | C | O | C | A | I | N | E | | N | | | L | | | I | | | D |
| R | | | R | | | | | | | T | | I | | | | C | | | N |
| A | | | P | | | | | | | | A | | | | | E | | | A |
| M | | E | S | N | E | F | F | O | | B | | | | | | R | | | H |

cocaine
drugs
probation
alcohol
prison
bail
handcuffs
pot

crack
warrant
probation officer
jail
sentence
bond
offense
marijuana

# SOCIAL SKILLS

## GROUP ACTIVITY SKILLS

### SUBJECT OBJECTIVE

Students will suggest appropriate participation in group activities.

### PREVENTION OBJECTIVE

Students will create a "No Drugs" mascot or slogan for the classroom that will foster pride in being drug free.

### MATERIALS/RESOURCES

1. Teacher Background Information: "Just the Facts . . . Inhalants."
2. Poster boards
3. Crayons
4. Chalk
5. Butcher paper
6. Construction paper

### PROCEDURES/ACTIVITIES

1. Teacher will separate the class into three groups (may be more or less) of equal numbers.
2. Students are then to work cooperatively to design a class "No Drugs" mascot or slogan.
3. After each group's mascot or slogan is completed, each group will make a class presentation detailing the pro's of their creation.
4. A class vote is taken to choose the class mascot or slogan.
5. Display mascot or slogan in the classroom.

### EXTENSION ACTIVITIES

Class can design buttons and stickers to go along with their mascot or slogan.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What was I thinking during this activity? What did I like most about this activity?

Subjective objectives can be correlated to the Exceptional Education I.E.P. objectives.

Engage the assistance of the Art teacher.

Possible use of stencils to draw animals or other shapes.

# PROBLEM SOLVING

## SUBJECT OBJECTIVE

Students will list the steps of a problem-solving method.

## PREVENTION OBJECTIVE

Students will be able to identify reasons many students experiment with alcohol and other drugs.

## MATERIALS/RESOURCES

1. Background Information for Teacher: "Problem-Solving Strategy."

## PROCEDURES/ACTIVITIES

1. Class discussion on reasons why students may experiment and use AOD. Make a list on the board.
2. Highlight certain reasons, such as "peer pressure," depression, or a need to feel in. Use these to springboard into decision-making strategy.
3. Use student input to model problem-solving strategy. Discuss and follow the steps to the problem-solving strategy.

## EXTENSION ACTIVITIES

Work in small groups to make a poster, bulletin board, or collage that shows the steps to the problem-solving strategy.

Students make up their own mnemonic phrase for problem strategy.

Role play situations to curb experimental use or abuse of AOD from a class generated list.

Grade level
7

## Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What information, learned from this activity, surprised me? How do I feel about incorporating assertiveness techniques into my behavior?

Subject objective can be correlated to Exceptional Education IEP objective.

Use problem-solving strategy to generate own class mnemonic device.

# PROBLEM-SOLVING STRATEGY

## Steps:

1. **S**tate the problem
2. **G**ather information
3. **C**hoices - what can you try
4. **A**dvantages of each choice
5. **D**isadvantages of each choice
6. **D**ecide which choice is best
7. **E**valuate results

## Mnemonic Device

1. **S**tinky
2. **G**arbage
3. **C**an
4. **A**ttract
5. **D**irty
6. **D**ogs
7. **E**verywhere

* Students may choose to create their own mnemonic device

## SELF ESTEEM

### SUBJECT OBJECTIVE

Students will develop positive attitude towards self.

### PREVENTION OBJECTIVE

Students will recognize their own uniqueness to build self esteem.

### MATERIALS / RESOURCES

1. one photo of each student
2. magazines
3. construction paper
4. scissors/glue
5. one notebook

### PROCEDURES / ACTIVITIES

1. Students will bring in photo of self.
2. Students will cut out pictures of their favorite food, sports, pets, hobbies, etc. (Anything that tells about themselves, especially what they do well.)
3. Combine to make individual collages.

### EXTENSION ACTIVITIES

Share/pair using collages. Introduce partners to the class using collages.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about the activity surprised me? What did I learn about myself? What was I thinking during this activity?

Subject objectives can be correlated to the exceptional education I.E.P. objectives.

Teacher may wish to laminate collages.
Teacher may need to bring in a Polaroid camera.
Teacher may wish to make a class book from completed pages.
Teacher may choose to make a bulletin board with collages.

## SUBJECT OBJECTIVE

Students will develop self monitoring skills and manage time effectively.

## PREVENTION OBJECTIVE

Students will value and maintain sound personal health and understand how drugs affect health.

## Materials/Resources:

1. Teacher will want to review the book, Self Discovery - Developing Skills, by Ann Buxbaum.
2. Student Handout: "Healthy Me."
3. Student Handout: "I Like Me."
4. Psychoactive Drugs Post It Chart.

## Procedures/Activities

1. Give students the "I Like Me" handout and have them fill it out. Discuss the results.
2. Give students the "Healthy Me" handout and have them fill it out. Share results.
3. Discuss how taking/using drugs may affect feelings before and after exercising.
4. Post Psychoactive Drugs Chart and discuss how drugs would affect exercise and health.

## Extension Activities:

Collect magazine and newspaper articles dealing with athletics and AOD use.

Grade level
7

## Teacher Tips:

Critical thinking will facilitate infusion prevention. Suggested questions: What did I learn? What did I learn about myself? How am I going to be different after this activity? What will I change?

Subject objective can be correlated to Exceptional Education IEP objective.

Psychoactive Drug Post It Chart
May obtain original from:
Florida Alcohol & Drug Abuse Asso.
1286 North Paul Russell Road.
Tallahassee, Fl. 32301

## HEALTHY ME TASK CHART

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
|---|---|---|---|---|---|
| Exercise | | | | | |
| How do I feel before I exercise? | | | | | |
| How do I feel after I exercise? | | | | | |

# I LIKE ME

Write three things you like about yourself.

1. ____________________

2. ____________________

3. ____________________

Write three things you have done that were hard for you.

1. ____________________

2. ____________________

3. ____________________

Write three things you do that you feel good about.

1. ____________________

2. ____________________

3. ____________________

# PSYCHOACTIVE DRUGS post-it chart

| | DRUGS | MEDICAL USES | MEDICAL NAMES | SLANG NAME | FORMS & USUAL ADMINISTRATION | EFFECTS SOUGHT | POSSIBLE EFFECTS | OVERDOSE | LONG TERM EFFECTS |
|---|---|---|---|---|---|---|---|---|---|
| STIMULANTS | NICOTINE | none | nicotine | butt, chew, smoke, cig | pipe tobacco, cigarettes, snuff<br>snuff, chew, smoke | relaxation | respiratory difficulties, fatigue, high blood pressure | none | dependency, lung cancer, heart attack, respiratory |
| | CAFFEINE | hyperkinesis, stimulant | caffeine | none | chocolates, tea, soft drinks, coffee<br>swallow | alertness | increased alertness, pulse rate & blood pressure, excitation, insomnia, loss of appetite | irritability | dependency may aggravate organic actions |
| | AMPHETAMINES | hyperkinesis, narcolepsy, weight control, mental disorders | dexedrine, benzedrine | speed, bennies, dexies, pep pills | capsules, liquid, tablets, powder<br>inject, swallow | alertness, activeness | | agitation, increase in body temperature hallucinations, convulsions, possible death | severe withdrawal, possible convulsions, toxic psychosis |
| | COCAINE | local anesthetic | cocaine | coke, rock, crack, blow, toot, white, blast, snow, flake | powder rock,<br>inject, smoke, inhale | excitation, euphoria | | | dependency, depression, paranoia, convulsions |
| DEPRESSANTS | ALCOHOL | none | ethyl alcohol | booze | liquid<br>swallow | sense alteration, anxiety reduction | loss of coordination, sluggishness, slurred speech, disorientation, depression | total loss of coordination, nausea, unconsciousness, possible death | dependency, toxic psychosis, neurologic damage |
| | SEDATIVES | anesthetic, sedative hypnotic, anti-convulsant | secobarbital phenobarbital, seconal. | barbs, reds, downers, sopors | capsules, tablets, powder<br>inject, swallow | anxiety reduction, euphoria, sleep | | cold & clammy skin, dilated pupils, shallow respiration, weak & rapid pulse, coma, possible death | dependency, severe withdrawal, possible convulsions, toxic psychosis |
| | TRANQUILIZERS | anti anxiety, sedative hypnotic | valium, miltown librium. | downers | capsules, tablets<br>swallow | | | | |
| NARCOTICS | OPIUM | analgesic, antidiarrheal | paregoric | none | powder<br>smoke, swallow | euphoria, prevent withdrawal, sleep | euphoria, drowsiness, respiratory depression, constricted pupils, sleep, nausea | clammy skin, slow & shallow breathing, convulsions, coma, possible death | dependency, constipation, loss of appetite, severe withdrawal |
| | MORPHINE | analgesic, antitussive | morphine, pectoral syrup | none | powd tablet, liquid<br>inject, smoke, swallow | | | | |
| | HEROIN | research | diacetylmorphine | China white, smack, junk, H, fix horse. | powder<br>inject, swallow | | | | |
| | CODEINE | analgesic, antitussive | codeine, empirin compound w/codeine, robitussin a-c | none | capsule, tablet, liquid<br>inject, swallow | | | | |
| CANNABIS | THC | research | tetrahydrocannabinol | thc | tablets, liquid<br>swallow | relaxation, euphoria, increased perception | relaxed inhibitions, euphoria, increased appetite, distorted perceptions, disoriented behavior | fatigue, paranoia, possible psychosis | "amotivational syndrome" respiratory difficulties, lung cancer, interference with physical & emotional development. |
| | HASHISH | none | tetrahydrocannabinol | hash | solid resin<br>smoke | | | | |
| | MARIJUANA | research | tetrahydrocannabinol | pot, grass, sinsemilla, doobie, ganja, dope, gold, herb, budda, weed, reefer | plant particles,<br>smoke, swallow | | | | |
| HALLUCINOGENS | PCP | none | phencyclidine | angel dust, [illegible], peace pill, hog | tablet, powder<br>smoke, swallow | distortion of senses, insight, exhilaration | illusions & hallucinations, distorted perception of time & distance | longer & more intense "trips" or episodes, psychosis, convulsions, possible death | may intensify existing psychosis, flashbacks, panic reactions |
| | LSD | research | lysergic acid diethylamide | acid, sugar | capsule, tablet, liquid<br>swallow | | | | |
| | ORGANICS | none | mescaline, psilocybin | mesc, mushro | crude preparations, tablet, pow.<br>swallow | | | | |
| INHALANTS | AEROSOLS & SOLVENTS | none | none | glue | solvents, aerosols<br>inhale | intoxication | exhilaration, confusion, poor concentration | heart failure, unconsciousness, possible death | impaired perception, coordination & judgement, neurologic damage |

# SOCIAL SKILLS

## PRE-VOCATIONAL - BEHAVIOR ON THE JOB

### SUBJECT OBJECTIVE

Students will demonstrates knowledge of good work habits and bad work habits

### PREVENTION OBJECTIVE

Students will list three to five negative effects alcohol and other drugs have on their behavior at work.

### MATERIALS/RESOURCES

1. Props for role play, depending on jobs chosen (i.e. - grocery store stock person - apron, cart; painter-hat, white t-shirt, paint brush, paint can).
2. Empty alcohol containers (i.e., beer cans) - check if allowed on campus; if not make fake cans.
3. Teacher Background Information - "Work Habits" - Teach work habits prior to this lesson. Students need to copy the work habits during the lesson done prior to this one.

### PROCEDURES/ACTIVITIES

1. Review work habits.
2. Role play different job situations - good & bad. Several dealing with alcohol & other drug induced behavior.
3. After role playing, have each student list 5 good work habits and 5 bad work habits. Relate the bad habits to AOD.

### EXTENSION ACTIVITIES

Invite a supervisor to the classroom to speak about how habits -- good & bad -- are dealt with on the job: i.e., store manager, principal, office manager, foreman.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Subject objective can be correlated with the Exceptional Education IEP objective.

Depending on your students, it may take more than just one prior lesson on work habits to make this one successful.

Background Information for Teacher

# WORK HABITS

## *Positive*

1. On time
2. Dressed appropriately
3. Clean/proper personal hygiene
4. Well rested
5. Listens
6. Asks questions when necessary
7. Respects co-workers/works well with co-workers
8. Follows directions
9. Lunch & Breaks - Takes only amount of time allowed
10. No personal calls/visits from friend
11. Drug free

## *Negative*

1. Reporting to work under the influence of AOD
2. Using AOD while on the job
3. Late
4. Inappropriate dress--i.e., dirty clothes, out of uniform
5. Poor personal hygiene
6. Guesses--does not ask questions
7. Does not get along/respect co-workers
8. Does not follow directions
9. Takes extra time for lunch and breaks
10. Many personal calls/friends visit
11. Tired
12. Poor attention--does not listen

* Point out how many of the bad habits can be caused by AOD.

# SOCIAL SKILLS

## NUTRITION AND ADVERTISING

### SUBJECT OBJECTIVE

Students will evaluate the goal of modern day advertisements and identify which food group the advertisement represents.

### PREVENTION OBJECTIVE

Students will recognize the consequences of the media's presentation of AOD use.

## MATERIALS/RESOURCES

1. Newspapers.
2. Magazines.
3. Posterboard.
4. Glue.
5. Scissors.
6. Advertisements mounted on posterboard.
7. Student handout: "Truth in Advertising"
8. Teacher Background Information:
   Teacher Background Information.

## PROCEDURES/ACTIVITIES

1. Show/discuss an advertisement about food. Explain that the purpose of advertising is to sell products, not to present facts.
2. Complete an example (food ad) with the class, using student handout "Truth in Advertising."
3. Cover the words in the ad for alcohol or tobacco. Have students discuss what the picture is advertising. (See teacher handout "Deceptive Advertising Techniques").
4. Repeat step 2 with alcohol or tobacco ad.
5. Divide class into groups of 3. Give each group one student handout: "Truth in Advertising."
6. Each group:

a. Cuts out an ad from each food group (4 ads).
b. Counts the number of ads for alcohol and tobacco.
c. Completes the "Truth in Advertising" handout.
d. Shares the group's findings with the class.

## EXTENSION ACTIVITIES

Mount adds on posterboard.
Write a commercial that will "sell" the rest of the class on the harmful effects of tobacco, alcohol, and drug use.
Show a video of T.V. commercials.
Students count the number of commercials for alcohol.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Subject objective can be correlated with the Exceptional Education IEP objective.

# TRUTH IN ADVERTISING

**Magazine Product People in Ads Setting Emotions Displayed**

## Directions

1. Cut out an advertisement from each food group (4 ads).
2. Count the number of advertisements for alcohol and tobacco.
3. Complete the chart for each advertisement.

TEACHER BACKGROUND INFORMATION

## Ten Deceptive Advertising Techniques

People who want others to believe as they do often use many techniques to persuade them to agree. Here are some of the techniques most often used:

1. **Bandwagon:** the idea that "everybody" is doing something or believes something.

2. **Party Appeal:** gives the message that if you do something or use a particular product, you'll have a good time.

3. **Strawperson:** distorting or exaggerating someone's ideas or beliefs to make their own seem better or best.

4. **Status:** shows that if you "do what I do" or use this product, you will be successful.

5. **Testimonial:** quoting a famous person or someone in authority to support one's own viewpoint.

6. **Independence:** ads using this technique feature people with confidence, thus giving the message that the product promotes independence and confidence.

7. **Scare Tactics:** "scares" others by suggesting that if you don't do certain things or believe a particular way, something is wrong with you.

8. **Sex appeal:** pushes the theme that you will find love and romance through the use of certain products/beliefs.

9. **Generalization:** the use of statistics and facts which infer your point of view.

10. **Slanting:** persuading others by exaggerated language or "blaming" instead or using reason.

# SOCIAL SKILLS

## IMPACT / COUNSELING

### SUBJECT OBJECTIVE

Students will demonstrate knowledge of the school's code of conduct book including all levels I-IV.

### PREVENTION OBJECTIVE

Students will demonstrate an understanding of the consequences of possession and use of alcohol and other drugs while at school.

### MATERIALS/RESOURCES

1. Code of Conduct Book from your school.
2. Fold-a-gon directions.
3. Student Handout: "Crossword."
4. Student Handout: "Word Search."

### PROCEDURES/ACTIVITIES

1. Class discussion on Code of Conduct.
2. Pre/post test on Code of Conduct.
3. Classify infractions and consequences on Fold-a-gon.
4. Role play with student posing as administrator giving appropriate consequences.
5. Use search and find crossword puzzle for reinforcement.

### EXTENSION ACTIVITIES

Guest Speaker, eg. School Liaison Officer relating legal consequences as well as school based consequences.

Students make seek and find crossword puzzle with alcohol and other drug vocabulary words.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Subject objective can be correlated with the Exceptional Education IEP objective.

# FOLD-A-GON

1. Start with a piece of 8 and one-half by 11 inch paper with clear edges turned sideways so the 11 inch side is the width.
2. Fold the 11 inch width in half. (you now have a piece of paper 8 and one-half by 5 and one-half inches wide.)
3. Fold the width in half again. (you now have a piece of paper 8 and one-half by 2 and three-fourths inches wide.
4. Fold the long stripes into thirds. (you will end up with folded squares each 2 and three-fourths by 2 and three-fourths.
5. Make all fold marks distinct.
6. On the front, number your squares as follows:

| | | | |
|---|---|---|---|
| 1 | 1 | 2 | 3 |
| 3 | 2 | 1 | 1 |
| 1 | 1 | 2 | 3 |

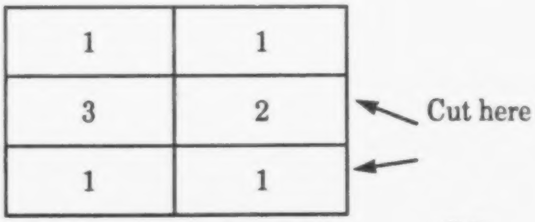
Front

7. Flip the sheet over so that the upper left corner becomes the upper right corner.
8. Number the back as follows:

| | | | |
|---|---|---|---|
| 4 | 4 | 3 | 2 |
| 2 | 3 | 4 | 4 |
| 4 | 4 | 3 | 2 |

Back

9. Fold the front in half and cut along the fold on the two folds between the 2 and 1's only. Do not cut between the 3 and 1's.



| | |
|---|---|
| 1 | 1 |
| 3 | 2 |
| 1 | 1 |

Cut here

10. Unfold the paper. Cut along the fold between the 2 ones in the center row only. Do not cut between the 2 and 3's.

| | | | |
|---|---|---|---|
| 1 | 1 | 2 | 3 |
| 3 | 2 | 1 | 1 |
| 1 | 1 | 2 | 3 |

Front

Cut only between the 2 ones here.

11. Fold the flap under so the threes are side by side:

| | | | | |
|---|---|---|---|---|
| | 1 | 1 | 2 | 3 |
| 3 | 3 | | | 1 |
| | 1 | 1 | 2 | 3 |

Front

12. Fold the entire left column containing the 3,1,3, under.

| | | | |
|---|---|---|---|
| | 1 | 1 | 2 |
| 3 | 3 | | 2 |
| | 1 | 1 | 2 |

Front

13. Fold the entire row of twos under so that the ones line up in a column.

| | | |
|---|---|---|
| | 1 | 1 |
| 3 | 3 | 1 |
| | 1 | 1 |

Front

14. Fold the threes together and the front will be all ones. Tape the folded flap to the square next to it.

| | |
|---|---|
| 1 | 1 |
| 1 | 1 |
| 1 | 1 |

Front

15. Turn it over and you should have all twos. As you experiment with the folding, you will obtain 6 number three squares and 6 number four squares. Begin your fun. You can write notes and then unfold without giving instructions so only those who know the trick can properly read the notes.

# Code of Student Conduct

## Background Information for Teachers
## Level I
## Infractions

(Minor acts of misconduct)

A. Cheating: Using another person's work and calling it your own. Using notes or other methods, without the teacher"s knowledge, to complete a test or assignment.

B. Classroom Disruption: saying or doing something that keeps the teacher from teaching or other students from learning.

C. Disorderly Conduct: Saying or doing something that upsets the normal school day or any school activity.

D. Disrespect for Others: Saying or doing something that puts down, annoys, insults or embarrasses a person or a group of people.

E. Dress Code: Wearing anything that does not follow the dress code for your school.

F. Failure to Report for Detention: Not showing up for detention.

G. False and/or Misleading Information: Telling lies, or refusing to tell the truth about important matters, to members of the school staff.

H. Insubordination: Refusing to follow or not following the directions of any of the school staff. Breaking school rules, classroom rules, or behavior contracts.

I. Misconduct on School Bus or School Approved Transportation: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of others.

J. Profane, Obscene or Abusive Language/Materials: Using words, gestures, pictures, or objects including racial slurs that are not acceptable at school and/or upset the normal school day or any school activity.

K. Tardiness: Being late for school or class too often. (More than once a week).

L. Unauthorized Absence from School or Class: Being absent from school or class without a written excuse from a parent or a doctor.

M. Repeated Misconduct: Breaking one or more of the above rules over and over again.

N. Other: Saying or doing things other than those listed above.

## Level I
## How the Principal May Respond:

1. Contact your parents.
2. Talk with you about your behavior.
3. Assign special project or work.
4. Withdraw privileges.
5. Make you pay for or replace damaged property.
5. Make you stay after school. (Parental contact required).
7. Make a plan for you to follow with consequences.
8. Refer you to Level II.

# Level II
# Infractions

(Intermediate acts of misconduct)

A. Fighting/Threats - Fighting with another student; saying or doing something that threatens to hurt others.

B. Destruction of Property/Vandalism (under $10.00): Breaking or destroying things that belong to the school or to another person.

C. Gambling: Betting on games or activities for money or other valuables.

D. Insubordination/Open Defiance: Strongly refusing to follow school rules or directions from the school staff.

E. Intimidation: Making threats to hurt others or their property.

F. Misconduct on School Bus: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of other bus riders.

G. Stealing (under $10.00): Taking, without permission, the property of others.

H. Unauthorized Assembly, Publications, etc.: Holding meeting or passing out materials to other students, without permission, that upset the normal school day or any school activity.

[illegible]. Other Misconduct or Repeated Misconduct of a Less Serious Nature: Saying or doing something that upsets the normal school day or school sponsored activity or repeating a Level I Infraction.

J. Forgery: Writing a note or other written communication with the intent of misleading a staff member.

K. Other Serious Misconduct: Saying or doing things other than those listed above.

## Level II
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a contract/plan for you to follow.
3. Paddle you.
4. Remove you from you class and assign you to other activities or jobs at the school.
5. Assign you special work jobs at the school (cleaning up etc).
6. Make you stay after school (Parental contact required).
7. Take away and not return thing you have brought to school.
8. Remove you from the bus for up to ten days.
9. Make up a plan for you to follow, with consequences.
10. Assign you to Alternative Education.
11. Refer you to Level III.

## Level III
## Infractions

(Major acts of misconduct)

A. Alcohol: Having or using alcohol, drugs, drug-related materials, or anything that changes mood or behavior.

B. Drugs: having or using any of the above beyond a doctor's prescribed amount. May be considered Level IV offense. Automatically becomes a Level IV offense with the second violation. Possession of cocaine or other substances in which possession is a felony offense.

C. Assault/Battery (Fighting): Touching or hitting another student against his or her will.

D. Breaking and Entering: Unlawfully and forcefully entering or trying to enter school, school personnel property or student property.

E. Destruction of Property/Vandalism (over $10.00): Breaking or destroying things that belong to the school or to another person.

F. Extortion/Threats: Making threats to hurt others, their reputations, or their property, in order to obtain money, information, or help from them.

G. Firecrackers/Fireworks: Having or using fireworks or firecrackers at school or at a school activity.

H. Gross Insubordination/Open Defiance: Strongly refusing to do as told by the school staff. Saying or doing something that shows you will not follow any directions.

I. Illegal Organizations: Belonging to or being a part of fraternities, sororities, or secret groups that are associated with school.

J. Smoking (and Other Use of Tobacco Products): Having, using, selling or giving to other students tobacco products at school or at a school activity.

Stealing (over $10.00): Taking without permission the property of others.

L. Trespassing: Entering or staying on school property or at a school activity after being told to leave by the school staff.

M. Possession of Contraband Material: Having, using, giving to others things not allowed at school such as: radios, tape decks, TV's, matches, lighters, ammunition, beepers, or stolen property. These forbidden things may be taken from you and not returned to you. Possession of a knife may be considered under this heading if there has been no threatening or intimidating display of the knife.

N. Violation of Curfew: Breaking curfew rules during school sponsored activity.

O. Felony suspension: Suspension from school until after a court appearance, if you are charged with a felony.

P. Repeated Misconduct of a More Serious Nature: Saying or doing something that upsets the normal school day, a school activity or repeating a Level II infraction.

Q. Other Serious Misconduct: Saying or doing things, including racial slurs, other than those listed above that upset the order of the school or a school activity.

## Level III
## How the Principal Might Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a written contract/plan for you to follow.
3. Assign you to a special program or school.
4. Remove you from the bus for up to 10 days (suspension).
5. Remove you from the school for up to 10 days (suspension).
6. Remove you from the bus for the rest of the school year (expulsion).
7. Remove you from the school for the rest of the school year (expulsion).
Restrict you from school-sponsored activities for some or all of the rest of the school year.
9. Refer you to a prevention or treatment program.
10. Refer you to Level IV.

# Level IV
## Infractions

(Major, serious acts of misconduct)

A. Alcohol: Selling or giving to other students alcohol, drugs, drug related materials, or anything that changes or is said to change mood or behavior.

B. Drugs: Same as above.

C. Arson: Setting a fire or trying to set fire to school property or the property of others.

D. Assault/Battery of Employees and Volunteers: Touching or hitting a member of the school staff or volunteer against his or her will.

E. Bomb Threats/Explosions: Threatening an explosion on school property, or at a school function. Having, preparing, or setting off explosives (including fireworks) on school property, or at a school function.

F. False Fire Alarm: Setting off a false fire alarm or reporting a false fire.

G. Inciting, Leading or Participating in a Major Student Disorder: Starting, leading or taking part in an activity that upsets a normal school day, any school activity, or results in damage/injury to others.

H. Robbery: Taking or trying to take the property of others by using force, violence or threats.

I. Sexual Offenses: Indecent exposure. Doing something to promote sexual favors or acts. Making sexual suggestions, physical or verbal, to others.

J. Weapons: Having or using anything that could do harm to another, such as: guns, knives, razors, clubs, explosives, and other chemical weapons.

K. Any Act which Substantially disrupts the Orderly Conduct of a School or a School Function: Doing anything that upsets a normal school day or threatens the safety of others at school.

L. Violation of Early Reentry Plan/Probation: Doing something that breaks the agreement made with the school for reentry from expulsion.

M. Repeated Misconduct of a More Serious Nature: Saying or doing things again that upset a normal school day or school function.

## Level IV
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Grades 6-12

   Remove you from school for ten days (suspension) and recommend that you be removed from school for at least one semester (expulsion).

   Grades K-5:

   Remove you from school for ten days (suspension ), write up a behavior contract and place you on probation for at least one semester. If you do not follow the contract while on probation, you will be expelled for at least one semester.
3. Remove you from school for at least one semester (expulsion).
4. Make up a written contract/plan for you to follow when you return to school from expulsion.

# GENERAL VOCABULARY

1. Code of Student Conduct - Rules of student behavior that the school expects you to follow.
2. Role - The way the school expects students to behave.
3. Student Rights - What is owed to you as a student.
4. Student Responsibilities - What you owe the school because of the rights you have been given.
5. School Staff - The people who work for the school. The principal, teachers, aides, secretary, cafeteria workers, custodian, bus drivers, etc.
6. Disciplinary Response Code - The consequences the principal will enforce if you break the rules.
7. Infraction - What will be considered breaking of school rules.
8. Misconduct - Behavior that results in an infraction of the rules.
9. Level, I, II, III or IV Infraction - How serious the school thinks your misbehavior is. The higher the number, the more serious the infraction and discipline response.
10. Behavior Contract - An agreement between you and a teacher, the principal and/or other school staff.
11. Expulsion - Removal of your right to attend school.
12. Suspension - Temporary removal of your right to attend school or your classes.

## WHAT WILL HAPPEN IF YOU BREAK THE SCHOOL RULES......

1. The member of the school staff who observes the behavior will report it to the school principal. You have the right to tell your side of the story.

2. The principal will determine the level of the behavior (Level I, II, III or IV) and decide upon the correct discipline.

3. The principal will then inform you of the consequences of your behavior.

4. If you are suspended for a total of ten days, or it is recommended that you be expelled, an educational planning conference (EPC) will be held.

5. If the members of the EPC committee (principal, counselor, teacher, school psychologist, area administrator, staffing specialist, you and your parents) feel that your behavior had nothing to do with your Learning Disability, the recommendation for expulsion will be sent to the School Board.

6. The School Board may expel you from school for at least one semester.

7. Your parents may ask the School board not to expel you.

8. If the School board decides to expel you from school, you will continue to receive SLD help, as required by your Individual Education Plan. This is usually done away from the school.

9. If you are expelled, your parents can request an early reentry to the school system.

10. If the committee feels an early reentry might be appropriate (because of your good behavior and interest in returning to school) a meeting will be held. A reentry plan will be written and you will be expected to agree to follow the plan.

11. If reentry plan is approved by the School board you will be allowed to reenter public school.

# CODE OF STUDENT CONDUCT

## Summary

This booklet tells you what the school expects of you, behavior that is not acceptable, and what will happen if you do not follow the school rules.

## The Role of the Student

The school expects you to:

1. Attend classes
2. Be prepared for classes
3. Be respectful of other
4. Use acceptable language
5. Behave in a safe manner
6. Be clean and neat
7. Be responsible for your own work
8. Follow the rules of the school
9. Be a good citizen

## Student Rights and Responsibilities:

You will be treated fairly but you do have the responsibility to avoid misconduct in the school.

Name: ________________________________________ Grade: __________

School: ________________________________________________________

Prepared by Terry Click, SLD Program Consultant
February, 1984

STUDENT HANDOUT:

# CODE OF CONDUCT CROSSWORD PUZZLE

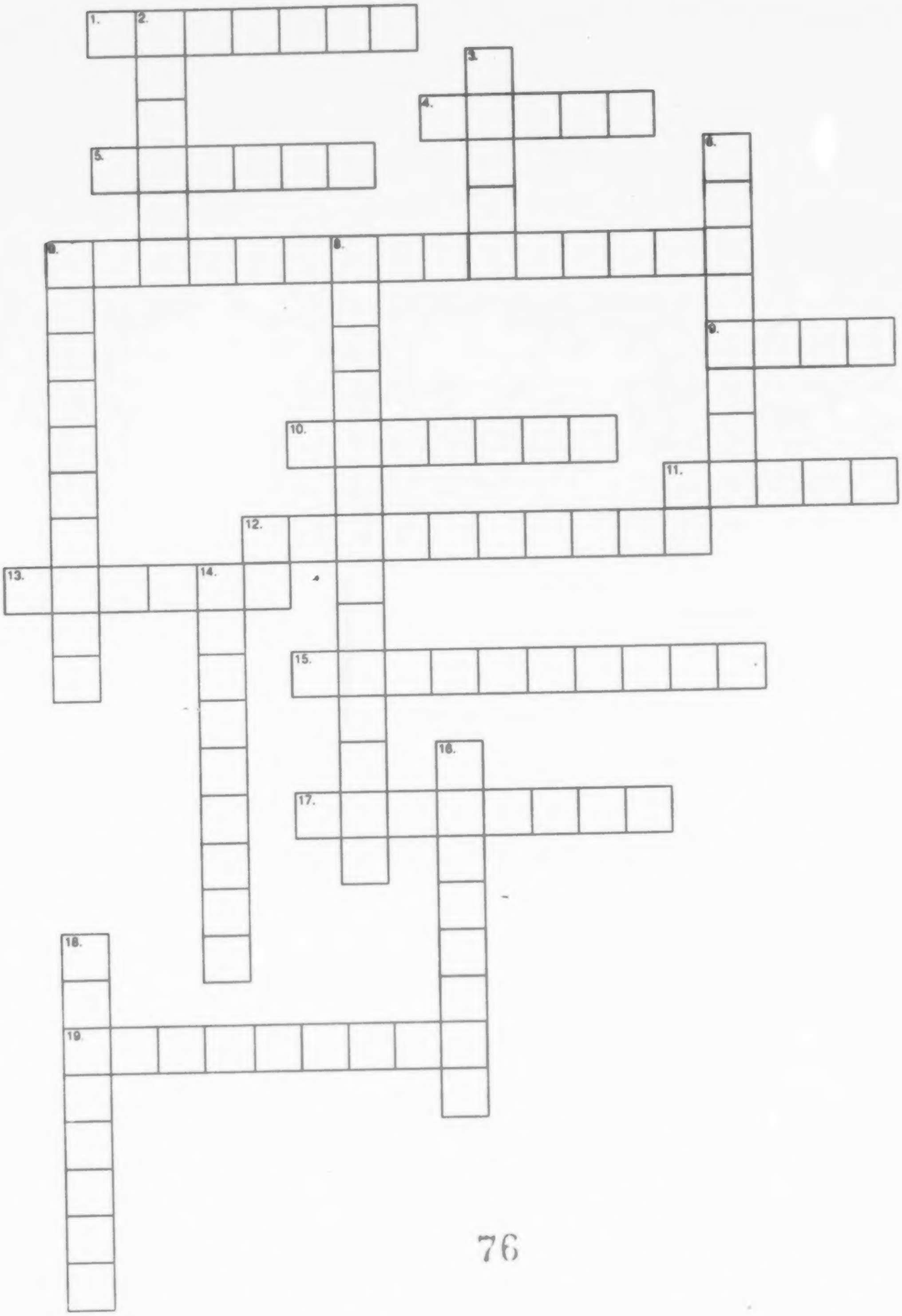
ACROSS:

1. Possession of this liquid will result in suspension.
4. Possession or sale of these will result in suspension or expulsion.
5. Having or using anything that could do harm to another.
7. Refusing to follow the instructions of the school staff.
9. The way the school expects students to behave.
10. Writing a note meant to mislead a staff member.
11. People who work for the school.
12. Temporary removal of your right to attend school.
13. What is owed to you as a student.
15. Behavior that results in an infraction of the rules.
17. Taking, without permission, the property of others.
19. Removal of your right to attend school.

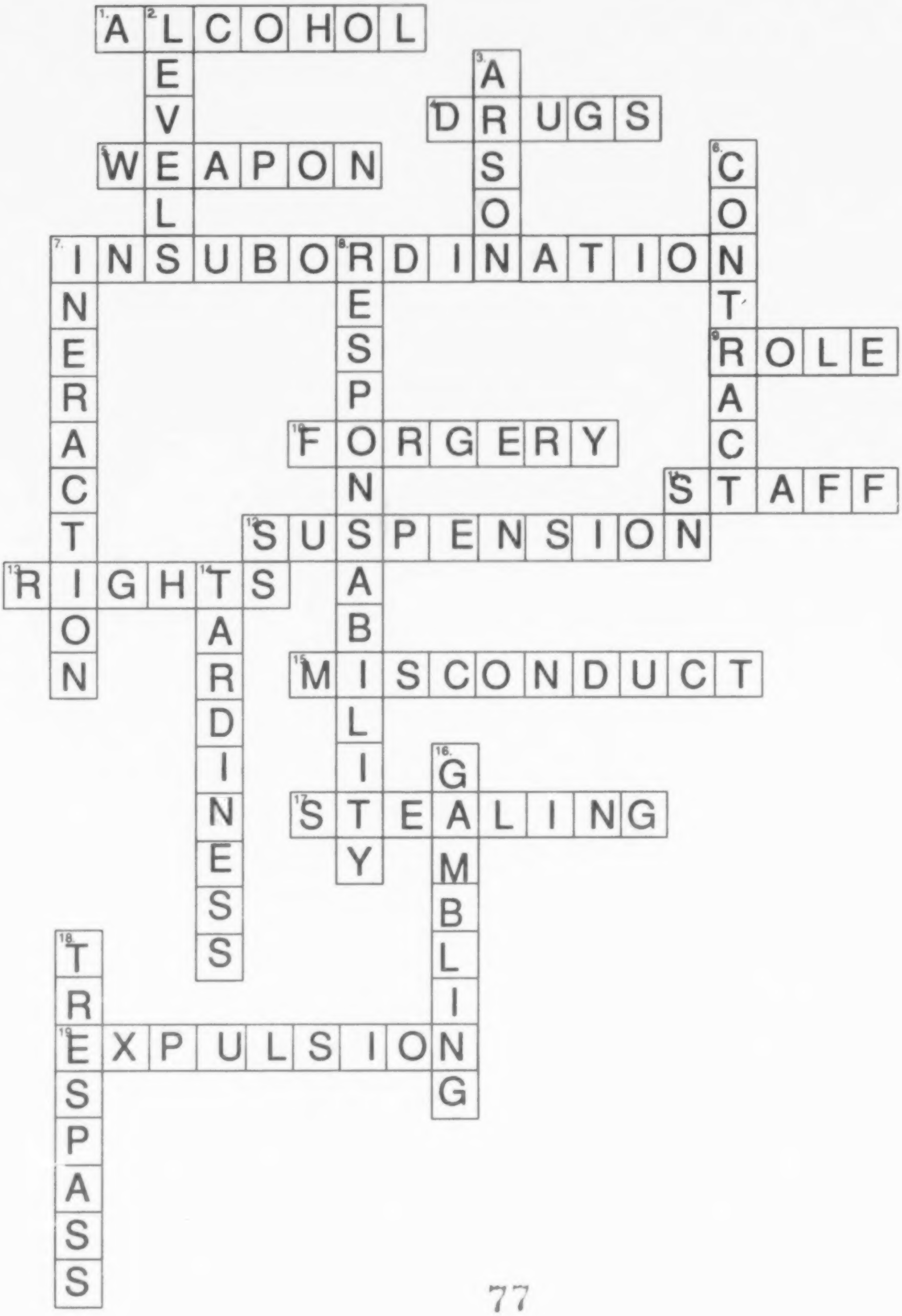
DOWN:

2. How serious the school thinks your behavior is.
3. Setting a fire.
6. An agreement between you and a member of the staff.
7. What will be considered breaking of school rules.
8. What you owe the school because of the rights you have been given.
14. Being late for school or class.
16. Betting on games or activities for money.
18. Entering or staying on school property after being told to leave.

# CROSSWORD PUZZLE: CODE OF CONDUCT



# CROSSWORD PUZZLE: CODE OF CONDUCT
## Solution



## LEARNING STRATEGIES

### SUBJECT OBJECTIVE

Students will demonstrate a problem-solving strategy.

### PREVENTION OBJECTIVE

Students will identify and solve problems currently encountered in the student's daily life.

### Materials/Resources:

1. Video, "Why Is It Always Me?" by Dr. James Cisek MTI Film and Video, A Simon and Schuster Co., 420 Academy Drive, Northbrook, IL. 60062.
2. Student handout "Semantics Mapping".

### Procedures/Activities:

1. Students will watch, "Why Is It Always Me?"
2. After the video, discuss the 5 steps to problem-solving identified in the video. Students should be encouraged to relate problems they have encountered and how they have solved them in the past.
3. Divide students into groups of 2, or 3. Students will demonstrate a problem-solving strategy by identifying a personal problem and listing alternatives. Students can use semantic-mapping to graphically show results. (see semantics mapping example worksheet).

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What about the activity suprised me? What did I learn about myself? How am I going to be different after this activity?

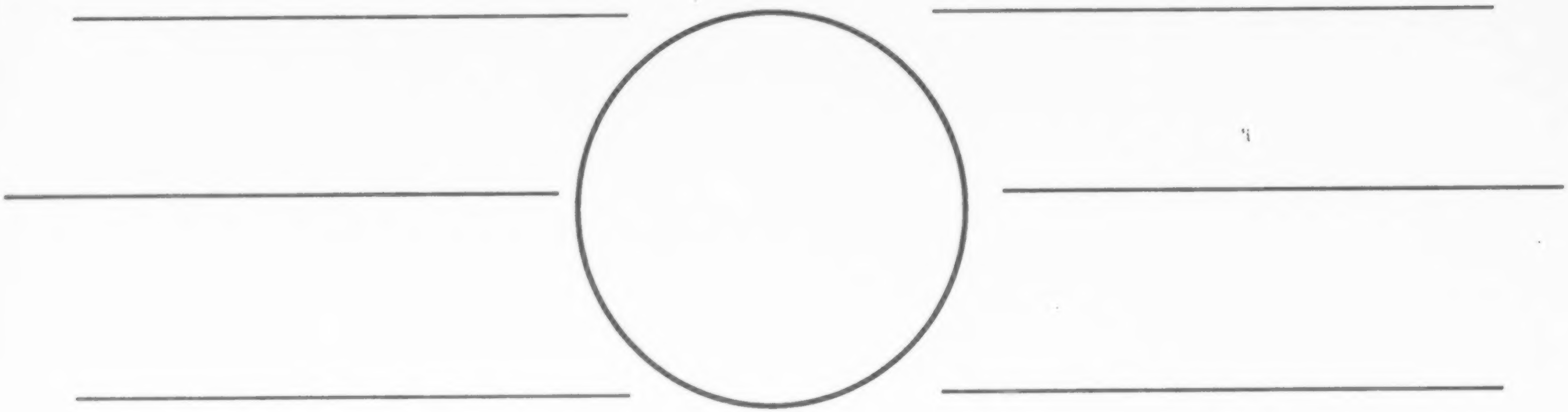
Subject objective can be correlated to the exceptional Education I.E.P. objectives

This video is 14:25 minutes.

# SEMANTICS MAPPING EXAMPLE

***Directions:***

1. Identify the problem and put it in the circle.
2. Students will brainstorm, then write possible reactions and consequences on lines stemming from the problem.



# SOCIAL SKILLS

## LAW AWARENESS

### SUBJECT OBJECTIVE

Students will identify infractions and consequences of infractions for given situations appearing in Orange County Code of Student Conduct.

### PREVENTION OBJECTIVE

Students will respect laws and rules prohibiting AOD.

### MATERIALS/RESOURCES

1. Student Code of Conduct.
2. Copy of game board and game card.

### PROCEDURES/ACTIVITIES

1. Review Student Code of Conduct orally with class. Each student has his/her copy of the code.
2. In small, cooperative learning groups, students cut out game cards, shuffle, and place the cards face down.
3. Students take turns drawing one card at a time. Follow directions on each card. Place cards (black side up) on board.

### EXTENSION ACTIVITIES

Police officer visits the classroom to inform students of the legal consequences of drug and alcohol use in the community.

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn about myself? What pleased me about this activity?

Subject objective can be correlated to Exceptional Education I.E.P. objectives.

Make copies of game board and game card for each group of students.

Glue game cards to black paper and laminate.

# Code of Student Conduct

## Background Information for Teachers
## Level I
## Infractions

(Minor acts of misconduct)

A. Cheating: Using another person's work and calling it your own. Using notes or other methods, without the teacher"s knowledge, to complete a test or assignment.

B. Classroom Disruption: saying or doing something that keeps the teacher from teaching or other students from learning.

C. Disorderly Conduct: Saying or doing something that upsets the normal school day or any school activity.

D. Disrespect for Others: Saying or doing something that puts down, annoys, insults or embarrasses a person or a group of people.

E. Dress Code: Wearing anything that does not follow the dress code for your school.

F. Failure to Report for Detention: Not showing up for detention.

G. False and/or Misleading Information: Telling lies, or refusing to tell the truth about important matters, to members of the school staff.

H. Insubordination: Refusing to follow or not following the directions of any of the school staff. Breaking school rules, classroom rules, or behavior contracts.

I. Misconduct on School Bus or School Approved Transportation: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of others.

J. Profane, Obscene or Abusive Language/Materials: Using words, gestures, pictures, or objects including racial slurs that are not acceptable at school and/or upset the normal school day or any school activity.

K. Tardiness: Being late for school or class too often. (More than once a week).

L. Unauthorized Absence from School or Class: Being absent from school or class without a written excuse from a parent or a doctor.

M. Repeated Misconduct: Breaking one or more of the above rules over and over again.

N. Other: Saying or doing things other than those listed above.

## Level I
## How the Principal May Respond:

1. Contact your parents.
2. Talk with you about your behavior.
3. Assign special project or work.
4. Withdraw privileges.
[illegible]. Make you pay for or replace damaged property.
5. Make you stay after school. (Parental contact required).
7. Make a plan for you to follow with consequences.
8. Refer you to Level II.

# Level II
## Infractions

(Intermediate acts of misconduct)

A. Fighting/Threats - Fighting with another student; saying or doing something that threatens to hurt others.

B. Destruction of Property/Vandalism (under $10.00): Breaking or destroying things that belong to the school or to another person.

C. Gambling: Betting on games or activities for money or other valuables.

D. Insubordination/Open Defiance: Strongly refusing to follow school rules or directions from the school staff.

E. Intimidation: Making threats to hurt others or their property.

F. Misconduct on School Bus: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of other bus riders.

G. Stealing (under $10.00): Taking, without permission, the property of others.

H. Unauthorized Assembly, Publications, etc.: Holding meeting or passing out materials to other students, without permission, that upset the normal school day or any school activity.

Other Misconduct or Repeated Misconduct of a Less Serious Nature: Saying or doing something that upsets the normal school day or school sponsored activity or repeating a Level I Infraction.

J. Forgery: Writing a note or other written communication with the intent of misleading a staff member.

K. Other Serious Misconduct: Saying or doing things other than those listed above.

## Level II
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a contract/plan for you to follow.
3. Paddle you.
4. Remove you from you class and assign you to other activities or jobs at the school.
5. Assign you special work jobs at the school (cleaning up etc).
6. Make you stay after school (Parental contact required).
7. Take away and not return thing you have brought to school.
8. Remove you from the bus for up to ten days.
9. Make up a plan for you to follow, with consequences.
10. Assign you to Alternative Education.
11. Refer you to Level III.

## Level III
## Infractions
(Major acts of misconduct)

A. Alcohol: Having or using alcohol, drugs, drug-related materials, or anything that changes mood or behavior.

B. Drugs: having or using any of the above beyond a doctor's prescribed amount. May be considered Level IV offense. Automatically becomes a Level IV offense with the second violation. Possession of cocaine or other substances in which possession is a felony offense.

C. Assault/Battery (Fighting): Touching or hitting another student against his or her will.

D. Breaking and Entering: Unlawfully and forcefully entering or trying to enter school, school personnel property or student property.

E. Destruction of Property/Vandalism (over $10.00): Breaking or destroying things that belong to the school or to another person.

F. Extortion/Threats: Making threats to hurt others, their reputations, or their property, in order to obtain money, information, or help from them.

G. Firecrackers/Fireworks: Having or using fireworks or firecrackers at school or at a school activity.

H. Gross Insubordination/Open Defiance: Strongly refusing to do as told by the school staff. Saying or doing something that shows you will not follow any directions.

I. Illegal Organizations: Belonging to or being a part of fraternities, sororities, or secret groups that are associated with school.

J. Smoking (and Other Use of Tobacco Products): Having, using, selling or giving to other students tobacco products at school or at a school activity.

Stealing (over $10.00): Taking without permission the property of others.

L. Trespassing: Entering or staying on school property or at a school activity after being told to leave by the school staff.

M. Possession of Contraband Material: Having, using, giving to others things not allowed at school such as: radios, tape decks, TV's, matches, lighters, ammunition, beepers, or stolen property. These forbidden things may be taken from you and not returned to you. Possession of a knife may be considered under this heading if there has been no threatening or intimidating display of the knife.

N. Violation of Curfew: Breaking curfew rules during school sponsored activity.

O. Felony suspension: Suspension from school until after a court appearance, if you are charged with a felony.

P. Repeated Misconduct of a More Serious Nature: Saying or doing something that upsets the normal school day, a school activity or repeating a Level II infraction.

Q. Other Serious Misconduct: Saying or doing things, including racial slurs, other than those listed above that upset the order of the school or a school activity.

## Level III
## How the Principal Might Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a written contract/plan for you to follow.
3. Assign you to a special program or school.
4. Remove you from the bus for up to 10 days (suspension).
5. Remove you from the school for up to 10 days (suspension).
6. Remove you from the bus for the rest of the school year (expulsion).

Remove you from the school for the rest of the school year (expulsion).

8. Restrict you from school-sponsored activities for some or all of the rest of the school year.
9. Refer you to a prevention or treatment program.
10. Refer you to Level IV.

# Level IV
## Infractions

(Major, serious acts of misconduct)

A. Alcohol: Selling or giving to other students alcohol, drugs, drug related materials, or anything that changes or is said to change mood or behavior.

B. Drugs: Same as above.

C. Arson: Setting a fire or trying to set fire to school property or the property of others.

D. Assault/Battery of Employees and Volunteers: Touching or hitting a member of the school staff or volunteer against his or her will.

E. Bomb Threats/Explosions: Threatening an explosion on school property, or at a school function. Having, preparing, or setting off explosives (including fireworks) on school property, or at a school function.

F. False Fire Alarm: Setting off a false fire alarm or reporting a false fire.

G. Inciting, Leading or Participating in a Major Student Disorder: Starting, leading or taking part in an activity that upsets a normal school day, any school activity, or results in damage/injury to others.

H. Robbery: Taking or trying to take the property of others by using force, violence or threats.

I. Sexual Offenses: Indecent exposure. Doing something to promote sexual favors or acts. Making sexual suggestions, physical or verbal, to others.

J. Weapons: Having or using anything that could do harm to another, such as: guns, knives, razors, clubs, explosives, and other chemical weapons.

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M. Repeated Misconduct of a More Serious Nature: Saying or doing things again that upset a normal school day or school function.

## Level IV
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Grades 6-12
   Remove you from school for ten days (suspension) and recommend that you be removed from school for at least one semester (expulsion).
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   Remove you from school for ten days (suspension ), write up a behavior contract and place you on probation for at least one semester. If you do not follow the contract while on probation, you will be expelled for at least one semester.
3. Remove you from school for at least one semester (expulsion).
4. Make up a written contract/plan for you to follow when you return to school from expulsion.

## GENERAL VOCABULARY

1. Code of Student Conduct - Rules of student behavior that the school expects you to follow.

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## WHAT WILL HAPPEN IF YOU BREAK THE SCHOOL RULES......

1. The member of the school staff who observes the behavior will report it to the school principal. You have the right to tell your side of the story.

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3. The principal will then inform you of the consequences of your behavior.

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# CODE OF STUDENT CONDUCT

## Summary

This booklet tells you what the school expects of you, behavior that is not acceptable, and what will happen if you do not follow the school rules.

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The school expects you to:

1. Attend classes
2. Be prepared for classes
3. Be respectful of other
4. Use acceptable language
5. Behave in a safe manner
6. Be clean and net
7. Be responsible for your own work
8. Follow the rules of the school
9. Be a good citizen

## Student Rights and Responsibilities:

You will be treated fairly but you do have the responsibility to avoid misconduct in the school.

Name: ______________________________ Grade: __________

School: ______________________________________________

Prepared by Terry Click, SLD Program Consultant
February, 1984

Updated August, 1989

| | |
|---|---|
| Used hall pass<br>Put card on board | On time for class<br>Put card on board |
| Brought homework<br>Put card on board | Brought paper and pencil to class<br>Put card on board |
| Helped student who dropped books<br>Put card on board | Got an "A" on math test<br>Put card on board |
| Showed respect for teacher<br>Put card on board | Were quiet while a visitor was in the room<br>Put card on board |
| Wore clean clothes and shoes to school<br>Put card on board | Picked up trash in the hall<br>Put card on board |
| Completed work in class<br>Put card on board | Turned in neat work<br>Put card on board |
| Were quiet and stayed seated on bus<br>Put card on board | Cleaned board for teacher<br>Put card on board |
| Brought beer to school<br>5 day suspension<br>Take card off board | Smoked a joint<br>10 day suspension<br>Take card off board |

| | |
|---|---|
| Caught with cigarettes<br>Parents called<br>Take card off board | Gave friend chewing tobacco<br>Written contract made<br>Take card off board |
| Brought a pipe to school on bus<br>5 days off bus<br>Take card off board | Sold rolling papers to student<br>Parents called<br>Take card off board |
| Sold crack to student<br>Expelled<br>Take 2 cards off board | Passed out caffeine pills<br>10 day suspension<br>Take card off board |
| Found bag of pot<br>Turned it in to office<br>Put card on board | Friend offered you cigarettes<br>You said no<br>Put card on board |
| Took can of whipped cream from home<br>Written contract made<br>Take card off board | Caught drinking wine cooler at lunch<br>10 day suspension<br>Take card off board |
| Helped parent find office<br>Put card on board | Helped student find homeroom<br>Put card on board |

| | |
|---|---|
| Caught with cigarettes<br>Parents called<br>Take card off board | Gave friend chewing tobacco<br>Written contract made<br>Take card off board |
| Brought a pipe to school on bus<br>5 days off bus<br>Take card off board | Sold rolling papers to student<br>Parents called<br>Take card off board |
| Sold crack to student<br>Expelled<br>Take 2 cards off board | Passed out caffeine pills<br>10 day suspension<br>Take card off board |
| Found bag of pot<br>Turned it in to office<br>Put card on board | Friend offered you cigarettes<br>You said no<br>Put card on board |
| Took can of whipped cream from home<br>Written contract made<br>Take card off board | Caught drinking wine cooler at lunch<br>10 day suspension<br>Take card off board |
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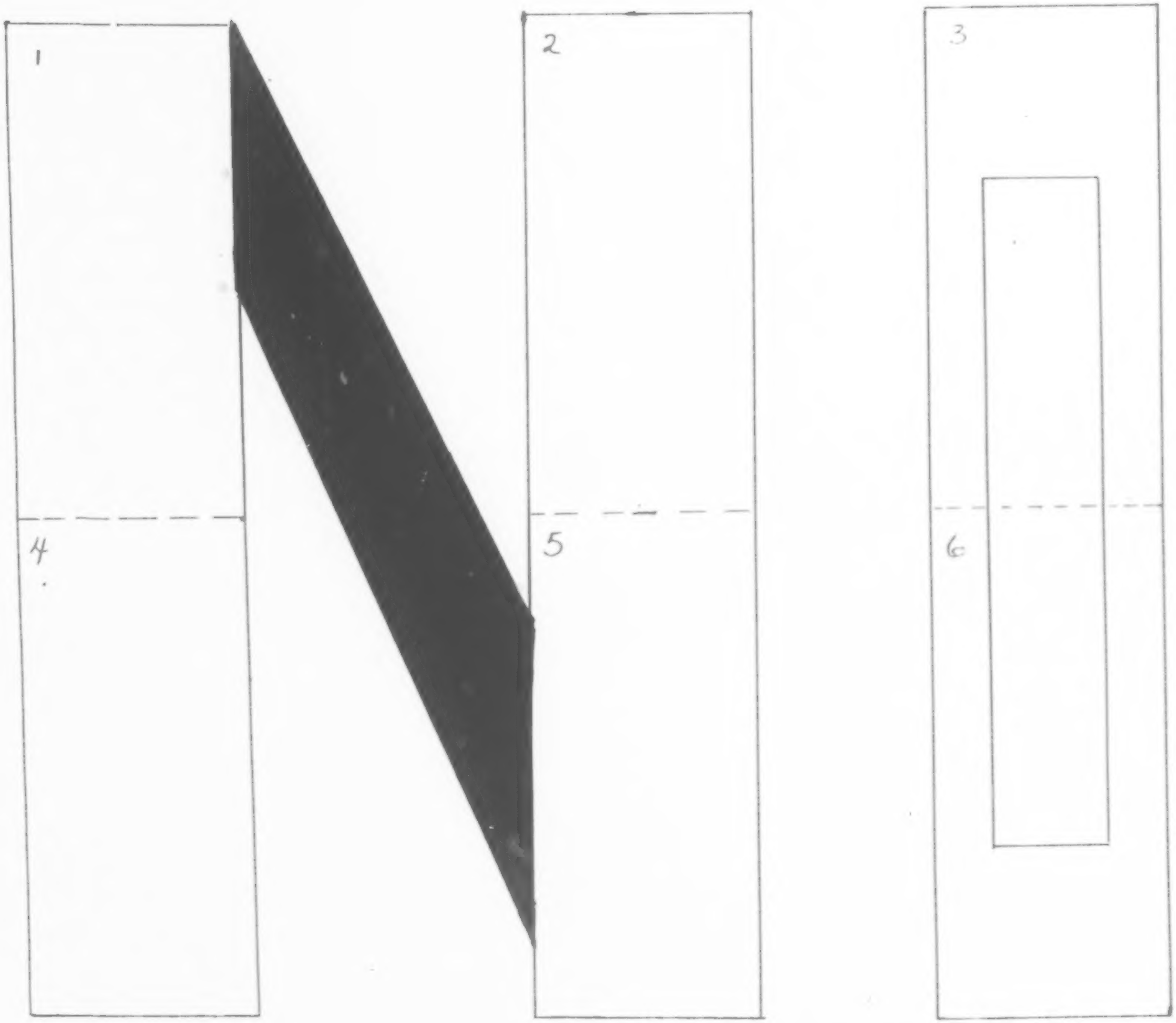
# Gameboard



**Six cards to fill game board**

# CALCULATOR

## SUBJECT OBJECTIVE

Students will use the calculator to demonstrate computational skills.

## PREVENTION OBJECTIVE

Students will promote activities that reinforce the positive, drug-free elements of student life.

Grade level

7

## MATERIALS/RESOURCES

1. Calculators.
2. Teacher Copy and Student Handout: "Consider The Price."
3. Teacher Background Information: "Cost of Alcohol and Alcoholism To Society."

## PROCEDURES/ACTIVITIES

1. Students will use calculators to compute the number of items that could be purchased for $12,000.
2. Discuss opportunities and activities for students to have fun without alcohol and/or other drugs.

## EXTENSION ACTIVITIES

Discussion regarding the consequences of driving while under the influence of alcohol and/or drugs.

Discuss/compute the costs of additional items and activities in which students may have interests.

Students can research the cost of a D.U.I. offense and the related cost in their local area.

## Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: How did I feel doing this activity? What information learned from this activity surprised me? Do I have the ability/skill needed to convince a friend not to spend money on drugs and/or alcohol.

Subject objective can be correlated to Exceptional Education IEP objective.

This activity can be done as an individual or cooperative learning activity.

Teacher Background Information

# CONSIDER THE PRICE

Being arrested and convicted of driving under the influence of alcohol or other drugs is expensive. Consider the following: fines, towing, increased auto insurance, participation in court ordered driver's education classes, new license fees, court costs and attorney's fees. The average cost for a first D.U.I. offense has been estimated at $12,000. The cost is more if an accident is involved.

**Determine how many of each item or activity can be purchased for $12,000.**

Movies
1600 at $7.50

Pizza
1200 at $10.00

Tee Shirts
1000 at $12.00

Gold Chains
40 at $300.00

Soda
24,000 at $.50

C.D.s
800 at $15.00

V.C.R. Rentals
4000 at $3.00

Fast Food
3000 at $4.00

Jeans
300 at $40.00

Nintendo Games
240 at $50.00

Attraction Visits
160 at $75.00

Sneakers
80 pairs at $150.00

Note: Student Handout is similar but lacks the answers.

Student Handout

# CONSIDER THE PRICE

Being arrested and convicted of driving under the influence of alcohol or other drugs is expensive. Consider the following: fines, towing, increased auto insurance, participation in court ordered driver's education classes, new license fees, court costs and attorney's fees. The average cost for a first D.U.I. offense has been estimated at $12,000. The cost is more if an accident is involved.

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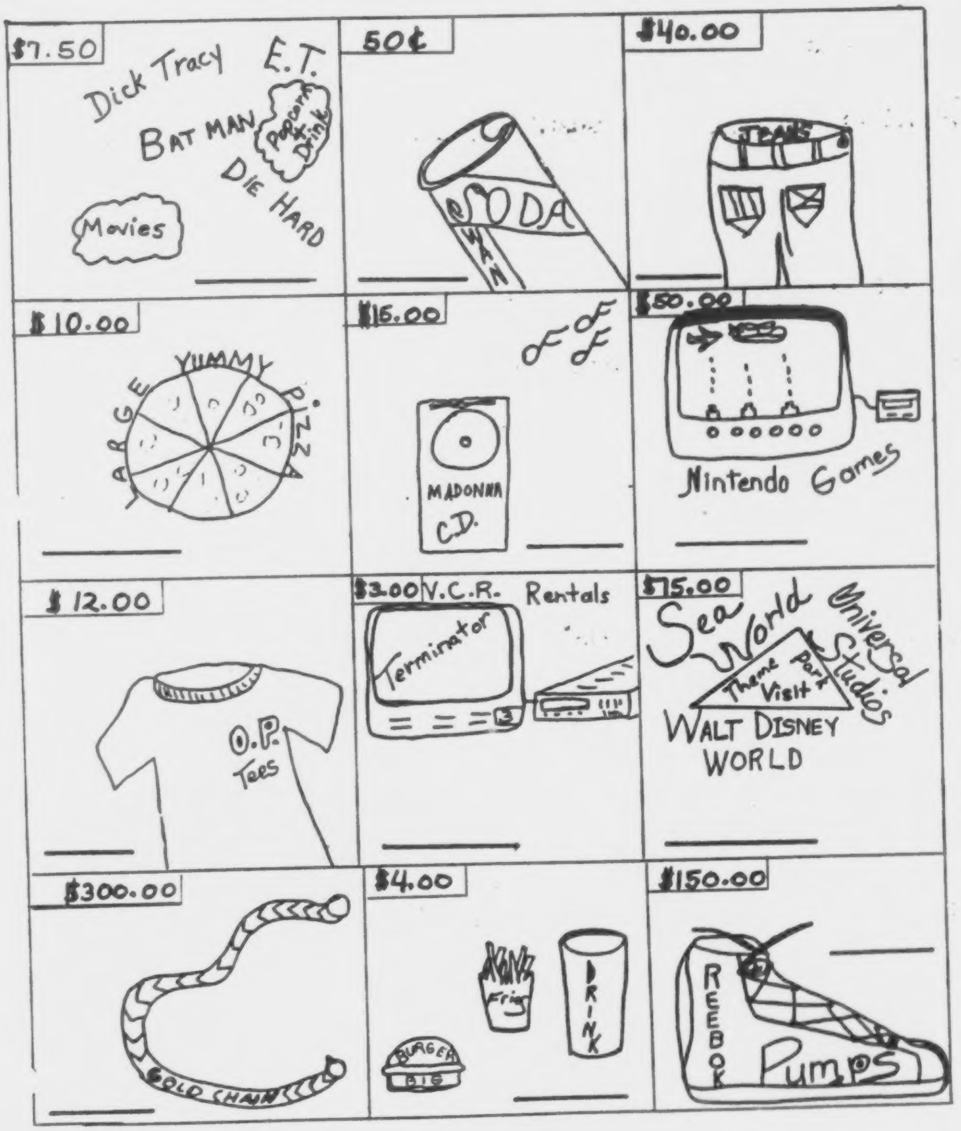

## TEACHER BACKGROUND INFORMATION

## COST OF ALCOHOL AND ALCOHOLISM TO SOCIETY: THE HIGH COST TO SOCIETY

Social Issues Resource Series, Alcohol Digest

Jonathan was an alcoholic for five years. His drinking proved to be an expensive habit. It used to cost him about $5.00 a day for alcohol, but with inflation and increased drinking, the cost rose to about $10.00 each day. The problems created by his drinking were even more expensive to Jonathan, people around him and to society in general.

### ON THE ROAD

In the first year, he had two car accidents while driving under the influence of alcohol. It was $500 to repair the car after the first accident. The car was demolished in the second accident and had to be replaced. Hospital bills to treat Jonathan's broken leg and injuries to people in the car he hit amounted to $5,000.

### ON THE JOB

In the second year of Jonathan's drinking problem, he often missed work on Mondays in order to recover from a hangover. His employer had to pay someone else to do his work on those days. Jonathan took the days off as paid sick leave.

### IN THE FAMILY

In the third year, Jonathan's alcoholism severely affected his family. He became abusive to his wife and children. His thirteen year old daughter started to use drugs. Finally she had to be placed in a treatment program for drug abuse which costs him about $50 a day.

### ACCIDENTS

In the fourth year, Jonathan came to work while drunk. Because his judgment was impaired by alcohol, he cut off two fingers in a machinery accident. Worker's compensation paid his hospital bill of $2,000.

### UNEMPLOYMENT AND FIRES

At the beginning of the fifth year, Jonathon was fired from his job for chronic drunkenness. With a new baby in the house and no marketable skills, his wife was reluctant to seek a job outside the home. Jonathan received unemployment compensation. Lack of a job depressed him so much that he increased his drinking. One night while smoking, he fell into a drunken sleep on the living room couch. Drugged by the alcohol, he did not smell the smoke when the couch caught on fire. Firefighters rescued Jonathan and his family, but their house burned to the ground. The insurance company paid $52,000 for the house and $12,000 for the family's possessions.

## TREATMENT IS EXPENSIVE

Jonathan is now in a six-month residential treatment program for alcoholism. The program costs his family $5,000 a month. By the time he completes the program, the family's savings will be wiped out. Because of his accident record, future insurance costs will be prohibitive.

## ALCOHOLISM'S PRICE TAG: $43 BILLION PER YEAR

When the American economy begins to multiply the cost of Jonathan's alcoholism by the 10 million Americans who currently have a drinking problem, the yearly pricetag is estimated by the government to total almost $43 billion.

Alcoholism affects a person's health and life expectancy. It also affects the quality of work and the stability of family relationships. Problem drinking causes highway accidents, crime, and fire losses. Alcoholism drains the economy in many ways. An estimate of these losses was prepared for the Third Special Report to Congress on Alcohol and Health for the year 1975.

## LOSSES IN PRODUCTION: 19.64 BILLION

About half the nation's ten million alcoholics have jobs. Alcoholism is very costly for employers. According to one study, the chronic alcoholic is absent from work 16 times more often than the nonalcoholic, has an accident rate three times higher, files 5 times as many compensation claims, is 7 times more likely to incur unpaid debts, and is repeatly involved in grievance procedures.

## HEALTH AND MEDICAL COSTS: 12.74 BILLION

In 1975, alcohol-related medical and hospital services took a 12 percent bite out of the total health care expenses of adult Americans.

Among the researched health risks of alcohol use on the human body are: chemical irritation of the esophagus, gastric damage to the stomach, digestive disturbances in the small intestine, inflamation of the pancreas, cirrhosis of the liver (the sixth most common cause of death in the U.S.), heart disease, debilitation of the skeletal muscle, endocrine abnormalities, and cancer of the head, neck, esophagus, stomach, rectum, and liver.

Accidents resulting from falls while drunk often require medical treatment. Excessive drinking by pregnant women may result in Fetal Alcohol Syndrome, causing birth defects and permanent mental impairment. Alcohol-related deaths are estimated to run as high as 205,000 per year. In 1975, the figure was 11 percent of all U.S. deaths. About 6,500 to 10,000 suicides were thought to be alcohol-related in 1975.

## MOTOR VEHICLE ACCIDENTS: 5.14 BILLION

Auto accidents are the leading cause of violent death in the U.S. The government estimates that half of all traffic injuries involve problem-drinkers. The more severe the crash, the more likely it was alcohol-connected.

## FIRES: 0.43 BILLION

Deaths and burn injuries from alcohol-related fires can only be estimated. Carelessness by those who have been drinking often cause fires. People who fall asleep after drinking may not be awakened by the smell of smoke or other early warnings of a fire, increasing the risks of death and property damage.

## VIOLENT CRIMES: 2.86 BILLION

Homicide, rape and aggravated assault are three types of violent crime that are often caused by people who drink too much. The value of lives lost and injuries treated are included in the cost of alcohol-related crime. Alcohol's link to violence in the family has been proved by several studies. Drinking frequently aggravates or is used as an excuse for physical violence against spouses and children, as well as child neglect and child molesting.

## SOCIAL RESPONSE COSTS: 1.94 BILLION

Public and private funds spent to prevent, identify, or treat alcoholism are considered direct social response costs. Jonathan's rehabilitation program is one example. Alcohol education programs in schools and research to find the causes of alcoholism are other examples. Indirect social response costs deal with problems that result from alcohol abuse, such as the drug treatment program for Jonathan's daughter.

The growing cost of alcoholism to the economy has led many businesses and labor unions to endorse alcoholism programs in the work place. Through government encouragement, increasing numbers of private and public health insurance plans now cover the cost of alcoholism treatment and rehabilitation programs. Early identification and treatment of alcoholics saves money. It is cheaper to treat an alcoholic in the early stages of addiction than it is to pay all the costs which may result from continued drinking.

## GRAIN FOR FOOD?

Beer and most distilled beverages made in the United States come from grain: wheat, rye, barley, corn, rice, and soybeans. According to one analyst, the four to five million tons of grain that are used to make alcohol each year would feed 25 million people a minimally adequate diet for one year.

Recent news of droughts, overpopulation, and mounting hunger in the world concern many Americans. People are beginning to ask whether it is morally right to make alcohol out of grains that could be fed to people who are starving to death in other parts of the world. Noted nutritionist, Dr. Jean Mayer, has made the statement that "if you have a drink, you starve a child."

The issue is controversial and has arisen before in American history. Right after World War 11, President Truman shut down American distilleries for three months. The available grain, diverted from alcohol production, was then sent to people who were starving in Europe.

## ...FOR DRINK?

Distillers currently oppose such a shut down. They say that grain alcohol production is less than 2% of the country's total grain output and would not make a dent in efforts to feed the hungry. They also say that grain protein which is a by-product of distillation is recycled as feed for beef cattle and other livestock. Americans eat this protein in the form of meat.

Opponents of grain for alcohol production recommend switching to alcoholic beverages made from fruits which are not a major source of food in the world. They believe grain alcohol is a luxury people can do without.

## ...FOR FUEL?

As the energy shortage begins to have increasing impact, Americans will probably find themselves facing yet another choice about the use of grain. Alcohol made from grain and other vegetation can also be used as fuel. "Gasahol," a combination of gasoline and alcohol, can be used as a fuel in automobiles and farm equipment.

As the world's population continues to grow, the problem of hunger will increase. Growing demand for energy complicates the problem. Controversy over what is the proper use of grain - food, fuel, or drink - will increase in significance.

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# MATHEMATICS

## REASONING

### SUBJECT OBJECTIVE

Students will be able to convert information given on graphs and charts from percentages to decimals.

### PREVENTION OBJECTIVE

Students will demonstrate and understand the dangers of driving while under the influence of alcohol.

### MATERIALS / RESOURCES:

1. Student Handout:
   "Percentage of Drivers in Fatal Accidents".
2. Teacher Background Information:
   Just The Facts:
   "D.U.I. Driving Under the Influence".
3. Teacher Background Information:
   Fold and Tuck Trick.

### PROCEDURES / ACTIVITIES

1. Divide the class into small cooperative learning groups. Each group develops 10 questions using information from student handout.
2. Direct teaching: change the percentages in the student handout to decimals.
3. List, in numerical order, the information from each graph in decimal form.

### EXTENSION ACTIVITIES

Use Fold and Tuck Trick to arrange statistics in numerical order.

Obtain a map of the community from the Chamber of Commerce and target bars. Use times of day and days of week information to design a Police Patrol Checkpoint to identify drivers who would be under the influence of alcohol. Use Yellow Pages to locate bars in area.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about this activity surprised me? What was I thinking during this activity? How am I going to be different after this activity?

Subject objective can be correlated to the Exceptional Education IEP objective.

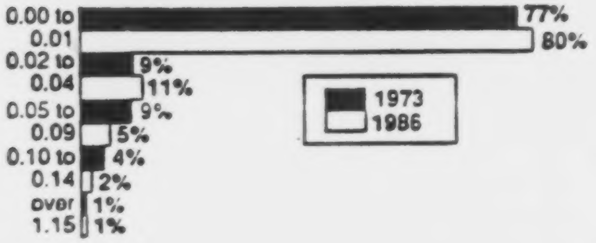
Student Handout

# Percentage of Drivers in Fatal Accidents

## DRIVERS OF PASSENGER VEHICLES

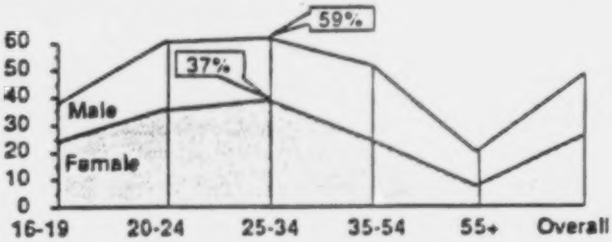
### Late-night testing

Testing blood alcohol content of drivers from 10 p.m. to 3 a.m. on Fridays and Saturdays:



### Breakdown by sex, age

Percentage of drivers in fatal accidents with blood alcohol content over 0.10.



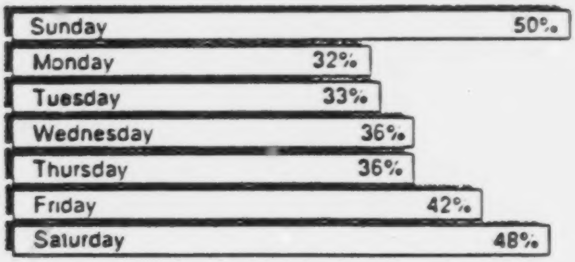
### Deaths tied to drinking, driving

Here's a look at the percentage of drivers and pedestrians who died with blood alcohol content above 0.10 percent:

| | Passenger Vehicles | Tractor Trailers | Pedestrians (age 16+) | Motor-cycles |
|---|---|---|---|---|
| 1982 | 50% | 16% | 42% | 44% |
| 1983 | 47% | 11% | 38% | 46% |
| 1984 | 44% | 10% | 38% | 43% |
| 1985 | 41% | 5% | 37% | 42% |
| 1986 | 41% | 3% | 36% | 41% |

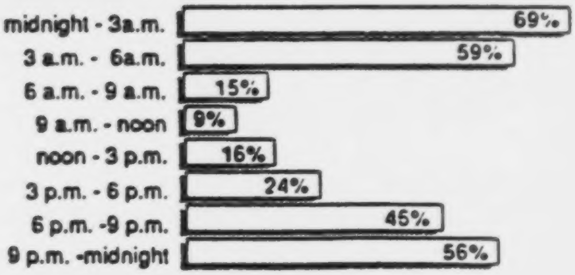
### By day of week

Percentage of drivers in fatal accidents with blood alcohol content over 0.10.



### By time of day

Percentage of drivers in fatal accidents with blood alcohol content over 0.10.



Source: Insurance Institute for Highway Safety

# *FOLD AND TUCK TRICK*

1. Start with a square piece of paper. If you use eight and one half by eleven, cut it to be eight and one half by eight and one half.

2. Fold the paper in thirds both ways. You will then have a three by three array of squares. (nine squares total)

3. Number the squares on both sides with a heavy dark marker as follows:

| | | |
|---|---|---|
| 3 | 5 | 4 |
| 2 | 9 | 1 |
| 6 | 8 | 7 |

4. The object is to fold the squares so that the numbers are in order from one through nine. When you are finished, each will still be a square and some numbers may be difficult to verify. (Hint: start in reverse by folding the eight on top of the nine and work backwards.)

# MATHEMATICS

## DUI COSTS

### SUBJECT OBJECTIVE

Students will evaluate the interrelationship between highway accidents and high social costs.

### PREVENTION OBJECTIVE

Students will list the indices contributing to high social costs resulting from DUI auto accidents and develop an insight into the real and negative effects.

### MATERIALS / RESOURCES:

1. Student Handout: " Wish List Grid."
2. Student Handout: "Cost of a DUI Auto Accident."
3. Student Handout: Just the Facts: "DUI Driving Under the Influence."
4. Teacher Background Information: "Driving and Alcohol; White Line of Death."

### PROCEDURES / ACTIVITIES:

1. Give each student his/her own wish list and explain parameters of decision-making.
2. Give out other hand-outs as flow of lesson dictates.
3. Have students subtract accident costs from their wish lists.
4. Have students discuss, as a group, responsibilities and values.

### EXTENSION ACTIVITIES:

Have students do some brainstorming on how to spend their money. They might also work in groups so that they may share the common nature in their decision-making.

Facilitate students in their understanding that DUI conflicts with their other societal and personal values.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about this activity surprised me? What did I learn about myself? What will I try to change. Subject objective can be correlated to Exceptional Eduction IEP objective.

Start the lesson with student wish list to gather in a motivation.

Have the students work in small groups.

**Student Handout**

**WISH LIST:** Pretend that you have One Hundred Thousand Dollars to spend. What type of things would you buy and what type of things would you do? Think carefully and research the costs of your items.

**USA TODAY (Newspaper)**
Dec. 9, 1987, p. 9A

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TEACHER BACKGROUND INFORMATION

# Driving and alcohol: White line of death

Fifty-two percent of all traffic deaths — 23,990 people killed — occurred in alcohol-related accidents on USA highways last year. Since 1982, alcohol-related accidents have claimed 119,000 victims — one fatality every 22 minutes. On the eve of the busy holiday party season, a look 1986 statistics

## Deaths tied to drinking, driving

Here's a look at the percentage of drivers and pedestrians who died with blood alcohol content above 0.10 percent:

| | Passenger Vehicles | Tractor Trailers | Pedestrians (age 16+) | Motor-cycles |
|---|---|---|---|---|
| 1982 | 50% | 16% | 42% | 44% |
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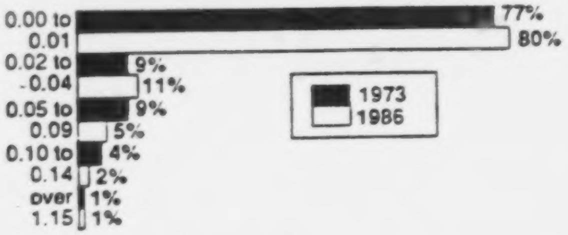
| 1985 | 41% | 5% | 37% | 42% |
| 1986 | 41% | 3% | 36% | 41% |

## DRIVERS OF PASSENGER VEHICLES

### Late-night testing

Testing blood alcohol content of drivers from 10 p.m. to 3 a.m. on Fridays and Saturdays:



### How intoxication is counted

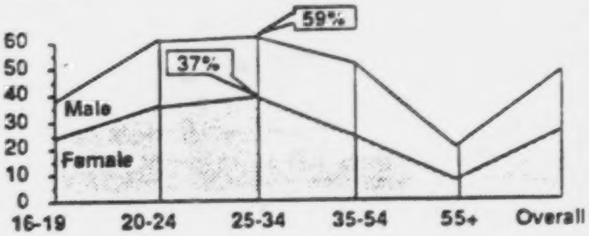
Blood alcohol content — the percentage of alcohol in your blood — is the standard measure for legal intoxication. In most states, you can be charged with "driving while intoxicated" (DWI) with BAC levels of 10 percent or higher.

Many factors — metabolism, eating, activity — can influence a body's ability to absorb alcohol. But:

- A 125-pound person could reach .10 by downing four drinks — a beer, glass of wine or mixed drink with an ounce of 86-proof liquor — in an hour.
- A 180-pound person could reach .10 after taking five drinks.

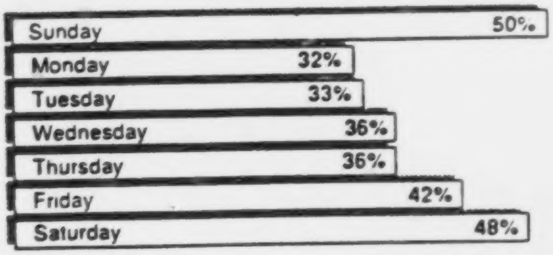
## Breakdown by sex, age

Percentage of drivers in fatal accidents with blood alcohol content over 0.10.



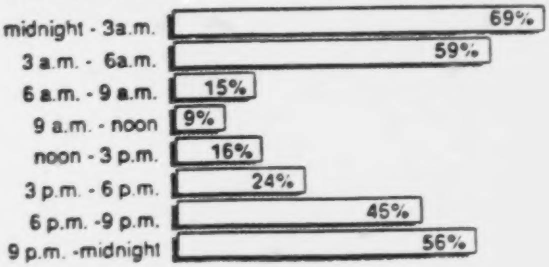
## By day of week

Percentage of drivers in fatal accidents with blood alcohol content over 0.10.



## By time of day

Percentage of drivers in fatal accidents with blood alcohol content over 0.10.



Source: Insurance Institute for Highway Safety

# "Cost of DUI Auto Accident"

**COST FACTORS:** This hand-out represents the average costs of a DUI auto accident involving two cars crashing at an intersection with speeds less than 40 miles per hour.

| ITEM | COST |
|---|---|
| Court costs; over a five-year period w/lawyer | 17,000.00 |
| Vehicle repair | 4,932.56 |
| Vehicle repair for the other car | 3,756.19 |
| Back surgery from injury sustained and physical therapy | 17,421.02 |
| Head injury; hospital stay with therapy for double vision | 12,241.83 |
| Loss of time in school (state aid) | 7,039.00 |
| Loss of work for adult in accident | 30,000.00 |
| Increased insurance costs per year | 4,000.00 |
| Family counseling | 4,756.00 |
| Court imposed fine | 10,000.00 |

* Both people in the accident sustained permanent injuries from which there was not total recovery although one returned to school a year behind his friends and the other returned to her job.

** Total loss for the United States last year was $118,000,000,000 which is approximately $500 for every man, woman and child in the U.S.

*** Subtract these costs from your wish list.

# MATHEMATICS

## GRAPHS

**SUBJECT OBJECTIVE**

Students will analyze and interpret printed bar graphs using percentages from the PRIDE survey.

**PREVENTION OBJECTIVE**

Students will demonstrate an understanding of the increasing exposure to and use of alcohol and other drugs through the interpretation of graphs.

### MATERIALS / RESOURCES:

1. Student Handout:
   "Anonymous Class Survey".
1. Student Handout:
   Completed Survey
   Question Sheet.

### PROCEDURE / ACTIVITIES:

1. Give class anonymous survey to complete.
2. Students compare/contrast the varying percentages used by male, female, and grade level.
3. Students compare their results with the previous survey.
4. Discuss possible factors that lead to more frequent use between grades 6 through 8. Use role modeling to show results of no use, experimental use, and then to chronic use of alcohol and other drugs.

### EXTENSION ACTIVITIES:

Develop own survey and give to student body.

Graph results of survey, discuss findings. Compare/contrast these findings to the 1988 PRIDE survey.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about this activity surprised me? What did I learn about myself? What will I try to change?

Subject objective can be correlated to Exceptional Education IEP objective.

Check with principal before completing school wide survey.

Provide a folder for students to insert their survey anonymously when they are completed.

STUDENT HANDOUT:

# ANONYMOUS CLASS SURVEY

**ANSWER EACH QUESTION HONESTLY.**
**YOUR ANSWERS ARE CONFIDENTIAL.**
**CIRCLE YOUR ANSWERS.**

1. Are you male or female?

**male** **female**

2. Grade level:

**6** **7** **8**

3. I have used alcohol

**never** **once** **more than once in the past year**

4. I have used tobacco products

**never** **once** **more than once in the past year**

5. I have used marijuana

**never** **once** **more than once in the past year**

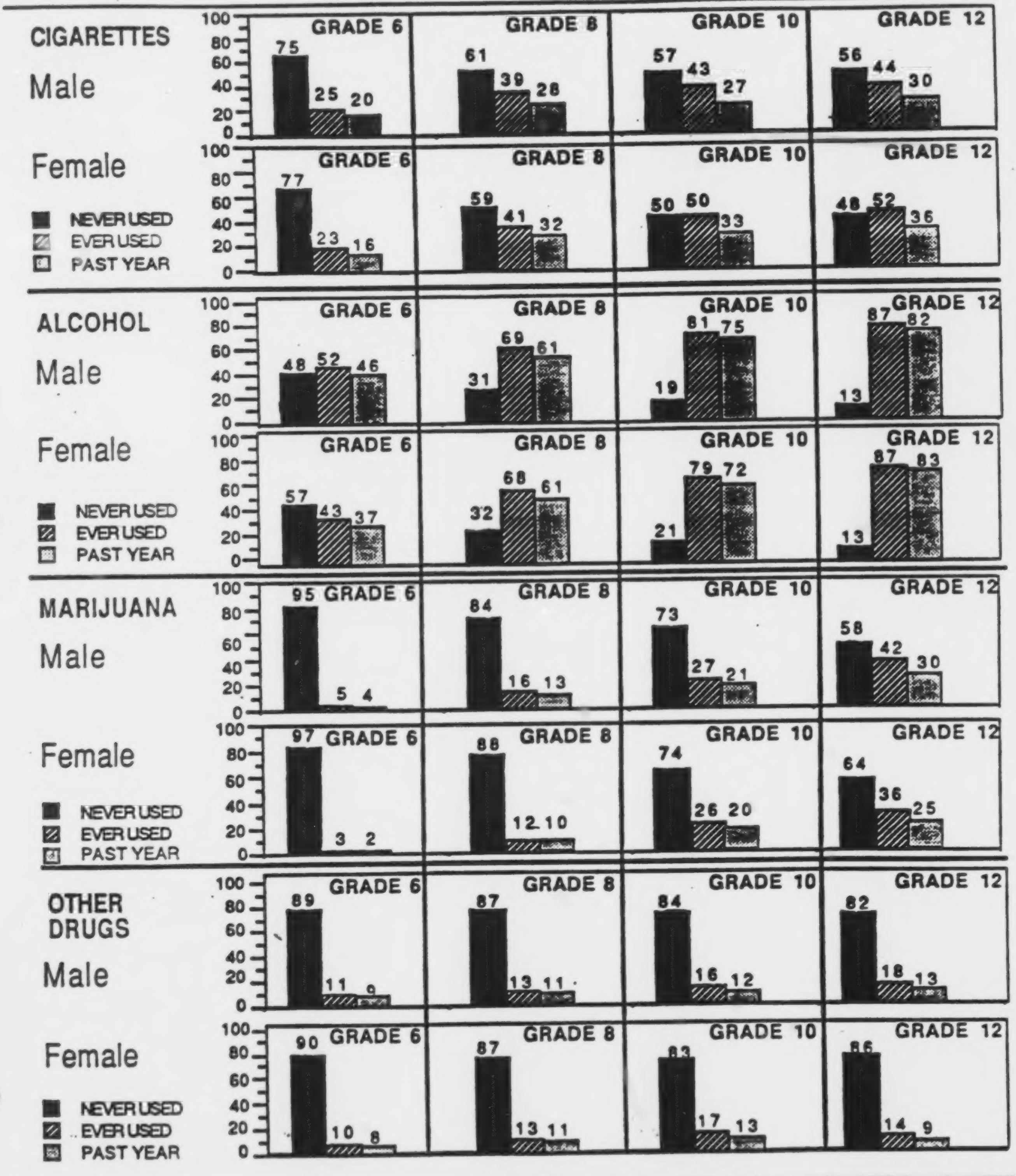
6. I have used other illegal drugs

**never** **once** **more than once in the past year**

Optional: List other illegal drugs you have used.

## STUDENT HANDOUT
## COMPLETED SURVEY

Percent of Total Sample Reporting Use of Cigarettes, Alcohol, Marijuana, and Other Drugs by Sex



## STUDENT HANDOUT

**USING THE CHART ON THE PREVIOUS PAGE ANSWER THE FOLLOWING QUESTIONS.**

1. In grade 10, who smoked the most cigarettes in the past year, boys or girls?

2. What is the average percent of both girls and boys who have never used marijuana in grade 12?

3. What is the average percent of male students who used alcohol during the past year for all grades shown?

4. What is the average percent of females who never used other drugs for all grades listed?

5. What was the drug most abused by grade 12 males?

6. What was the drug most abused by grade 12 females?

7. What was the drug most abused by both males and females in grade 6?

8. What is the difference of alcohol abuse between grade 10 and grade 12 of males who used alcohol the past year?

9. Which drug is abused the most by females in all grades, cigarettes or marijuana?

10. What is the average percent of female students who used alcohol during the past year for all grades shown?

## PROBLEM SOLVING

### SUBJECT OBJECTIVE

Students will demonstrate knowledge of comparison shopping.

### PREVENTION OBJECTIVE

Students will recognize the monetary disadvantage of chemical dependency.

### MATERIALS / RESOURCES

1. Student Worksheet:
   " Dollar Comparison Questions"
2. Magazines and newspaper.

### PROCEDURES / ACTIVITIES

1. Students will compare the cost of an illegal drug with the cost of tangibles that students might enjoy owning.

### EXTENSION ACTIVITIES

Have students flip through magazines and find items that might total the cost of the illegal drug.

Have students fill in prices from "Questions" work sheet using ads in magazines and newspaper.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions: What did I learn? What was I thinking during the lesson?

Subject objective can be correlated to Exceptional Education I.E.P. objectives.

# DOLLAR COMPARISON QUESTIONS

**1. How many pairs of jeans can be purchased for the cost of the illegal drug?**

**2. Determine three items that can be purchased for the total cost of the illegal drug. (more than one answer)**

**3. Determine how many members of a family can have sneakers for the cost of the illegal drug.**

**4. What is the difference between the cost of the illegal drug and the bicycle?**

# MATHEMATICS

## BUDGETING MONEY

### SUBJECT OBJECTIVE

Student will budget a set amount of money.

### PREVENTION OBJECTIVE

**Students will orally demonstrate knowledge of drug expense and gain insight into the financial problems caused by AOD abuse/addictions.**

Grade level 7

### MATERIALS / RESOURCES:

1. Student worksheets: "Price List" and "Choices".
2. Each student will start with $25.

### PROCEDURE / ACTIVITIES:

1. Each student will have a "Price List" and "Choices" paper.
2. Each student starts with $25.00.
3. Each student will choose as many items as they can afford and write them on the "choices" paper.
4. Label each choice. Example:

| | |
|---|---|
| Hat | $8.50 |
| Mousse | $2.75 |
| Video game | .25 |
| New Shirt | $7.00 |
| Mc Donald's | $4.00 |
| Pencils | $1.00 |
| | $23.50 |
| | $1.50 for savings |

5. Show example on the board/overhead.
6. Let each student work independently--circulate and help during this time.
7. After everyone completes the activity, put several examples on the board.
8. Then, on the board, add a variety of AOD's to the price list: i.e.,
   beer - $5 - 6 pack
   crack - $10 - 1 dose
   marijuana - $1 - 1 joint
9. Discuss how these cut into a budget. Explain how money of an addict "disappears."

### EXTENSION ACTIVITY:

Develop above criteria into a weekly activity graph illustrating the way the money is spent.

Make a "special" price list which contains things for which they must save. Students could create this list.

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about this activity surprised me? What was I thinking during this activity? How am I going to be different after this activity?

Subject objective can be correlated to exceptional education I.E.P. objectives.

This lesson may take 2 days to complete.

Great discussion--talk to students about what they've seen/experienced: i.e., parents involvement with AOD, personal involvement with AOD.

## Student Handout

**PRICE LIST**

| | |
|---|---|
| Baseball Cards | $1.00 |
| Stuffed Animal | $5.00 |
| Video Games | $.25 (each game) |
| Comic Book | $1.25 |
| Movie | $5.00 |
| Movie | $1.00 (dollar theater) |
| Popcorn | $1.50 |
| Cola | $1.00 |
| Cookies | $.75 |
| Mascara | $2.75 |
| Stickers | $.50 (set of 2) |
| New shirt | $7.00 |
| Gum | $.50 |
| Candy | $.50 |
| McDonald's | $4.00 |
| New Shorts | $6.00 |
| Cassette | $9.00 |
| Book | $3.00 |
| Markers | $2.50 |
| Earrings | $3.25 (set of 2) |
| Pencils | $1.00 (set of 2) |
| Folders | $1.00 |
| Hair Spray | $2.75 |
| Mousse | $2.75 |
| VCR Movie | $3.00 |
| Pizza | $8.00 |
| Brush | $1.75 |
| Comb | $1.00 |
| Hat | $8.50 |

# CHOICES

| **ITEM** | **COST** |
|---|---|
| ____________________ | ________________ |
| ____________________ | ________________ |
| ____________________ | ________________ |
| ____________________ | ________________ |
| ____________________ | ________________ |
| ____________________ | ________________ |
| ____________________ | ________________ |
| ____________________ | ________________ |
| **TOTAL COST** | ________________ |

# MATHEMATICS

## BUDGET

**SUBJECT OBJECTIVE**

Students will demonstrate the ability to create a weekly and monthly budget.

**PREVENTION OBJECTIVE**

Students will compare and contrast the costs of alcohol and other drug use or addiction in relation to that of a drug-free lifestyle.

### MATERIALS/RESOURCES

1. Student Handout: " Weekly/Monthly Budget Plan".
2. Teacher Background Information: " Drink, Drive, Net Is Ready To Haul You In" (article from Orlando Sentinel).
3. Magazines and newspapers.

### PROCEDURES/ACTIVITIES

1. Share the article with the students. (Choose the method for sharing that works best for your class).
2. Collect additional articles from newspapers/magazines pertaining to the costliness of alcohol and other drugs.
3. Students develop a weekly/monthly budget based on an arbitrary salary.
4. Discuss effects of D.U.I. charges in conjunction with their effects on their budgets.

### EXTENSION ACTIVITIES

Discuss costs of supporting addictions to alcohol/drugs.

Compare/Contrast dropping out of school or graduating with respect to salary potential.

Grade level 7

**Teacher Tips:**

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What is my reaction to the prevalence of AOD use as noted in the articles? How will this information effect my decisions when spending money both now and when I am supporting myself?

Subject objective can be correlated to Exceptional Education IEP objective.

STUDENT HANDOUT

## WEEKLY/MONTHLY BUDGET PLAN

OCCUPATION: ______________________________________

WEEKLY INCOME: ____________________________________

MONTHLY INCOME: ___________________________________

| | WEEKLY | MONTHLY |
|---|---|---|
| **EXPENSES:** | | |
| **RENT** | | |
| **UTILITIES** | | |
| **TRANSPORTATION** | | |
| **FOOD** | | |
| **INSURANCE** | | |
| **ENTERTAINMENT (Movies, etc.)** | | |
| **CLOTHING** | | |
| **APPLIANCES/FURNITURE** | | |
| **LAUNDRY** | | |
| **CABLE** | | |
| **GIFTS** | | |
| **SAVINGS** | | |
| **TELEPHONE** | | |
| TOTAL | | |

# Drink, Drive: Net Is Ready To Haul You In

**By Christopher Quinn**

**Orlando Sentinel**

Recite the alphabet, the Orlando cop told the driver as cars rumbled past on South Orange Blossom Trail. Don't rhyme it and don't sing it.

The driver got to P.

Touch your finger to your nose, the officer said. The driver touched his lip. Walk a straight line, he ordered. The driver fell off balance twice.

Rack up another drunken driving arrest, just one of 86 in Orange and Seminole counties during last year's Fourth of July weekend.

Law enforcement officials say the arrests, none involving serious accidents, were typical of the 3,743 such arrests in Seminole and Orange counties in 1989.

A quarter of the drivers charged during the Fourth of July weekend had previous convictions for drunken driving. And in the year that followed, seven of the 86 would be arrested yet again. Most of the 86 were white men, and almost half were 20 to 29 years old. Most were so drunk they staggered.

Drunken driving convictions are expensive. Violators pay as much as $10,000 for fines, probation, and higher insurance fees. They also endure the humiliation of sharing intimate details of their lives with probation officers, therapists, and other violators.

Yet, for all of the publicity about drunken driving penalties, none of the first-time offenders that weekend were sentenced to jail. Second-time offenders went for ten days. More than half of the 86 had the court's OK to keep driving to work, church, and doctor's offices.

Drunken drivers don't spend much time in jail because of overcrowding, several authorities said. Orange Circuit Judge Charles Prather said he would like to see all such drivers get a taste of jail.

So would Mary Wiley, Orlando's pioneer in the fight against drunken driving.

For ten years, since Wiley's 20-year-old daughter, Mary, was killed in a car crash on Orange Avenue, Wiley has fought for tougher laws and penalties for drunken drivers. She founded the Southeast's first chapter of Mothers Against Drunk Driving in 1981.

Laws and penalties alone, however, won't solve the problem, Prather and others said. The solution lies in attitudes toward liquor.

"You turn on the tube, and you see everyone having a marvelous time drinking their beer," Prather said. "Everybody's just having a great time and meeting beautiful people."

Until those values change, he said, drunks will continue to weave all over the roads, including Central Florida's. When the last fireworks starburst fills the sky Wednesday night, another batch of drivers will have been plucked from their cars by DUI patrols.

"It affects the way I live," instructor Jim Cauthen recently told a classroom full of motorists arrested for drunken driving. "The Fourth of July's coming up. I won't be on the highway...I'm scared."

## Most drunken driving arrests at night

Efforts at reforming drunken drivers start with their arrests, which almost always happen at night. Drivers going 20 m.p.h. faster than the speed limit, or 20 m.p.h. slower, catch the attention of police. So do drivers who weave, tailgate or make wide turns.

Most drunken drivers deny they are drunk and accept roadside sobriety tests as a challenge. They make game efforts at counting to 30 or standing on one foot. They almost always fail.

The drivers react to their failures with tears or fury, sometimes both.

A 27-year-old Orlando man arrested last July 1 was sorrowful at first, then angry. He had been found driving in circles in the middle of Orange Blossom Trail, forcing cars to skid to a halt. His blood alcohol level was 0.245 percent - more than double the legal limit of 0.10 percent. He was so drunk he could not stand. During his ride to jail, he banged his head in anger on metal bars separating him from the police.

A 30-year-old mechanic, stopped in College Park last July 3rd, simply pretended that police were not there and tried to walk away. When the police put him in the patrol car, he vomited. He continued to throw up all the way to the jail, refusing to be taken to a hospital.

Like most people arrested for drunken driving those two men were white. Of the 47,305 people arrested for drunken driving in Florida last year, 37,136 were white men, 3,252 were black. Almost 7,000 women were arrested, of whom 293 were black.

Most drivers arrested during last year's holiday agreed to take breath tests to determine the level of alcohol in their blood. Alcohol is not digested like food but is absorbed directly into the bloodstream from the stomach lining. Florida considers people drunk when alcohol makes up 0.10 percent of their blood. Those who failed the test were jailed until they posted bond, usually no longer than overnight.

### Court sends all to DUI safety classes

"You don't want to be here," DUI instructor Cauthen recently told a class of 24 drivers, most charged with, or convicted of, drunken driving. "But we're not in the punishing business."

Judges send every drunken driver to such classes. In Central Florida, many drivers are sent to one held over Walgreen's in Orlando's Colonial Plaza Mall.

The DUI Counter Attack School, run by the Central Florida Safety Council, aims to stop first offenders from becoming repeat offenders, but it does not yet keep track of how many students are caught driving drunk again. The class costs $148 and lasts 12 hours, spread over 4 nights or two days.

"We can't do anything about the first arrest," Cauthen said in an interview. "We don't see them until after that."

On the night of Cauthen's class, students clearly wanted to be elsewhere. Cauthen broke the ice by admitting that he is a recovering alcoholic who can identify with their plight.

Then he hit them with these statistics: 25,000 people nationwide will die in alcohol-related accidents this year; for every drunken driver arrested, 2,000 go free; 90 percent of those arrested deny having an alcohol problem.

He told them to look around on Interstate 4 on their way home to see how many drivers are weaving and hunched over their wheels.

More than anything, Cauthen stressed what would happen if they were arrested again: a mandatory 10 days in jail, $500 fine and five years with a revoked or restricted license.

Cauthen showed the students a movie in which the victims of alcohol-related accidents, or their families, discussed their plights.

Wiley wants the school to use local victims. She participated in such a program earlier this year.

The DUI classes have strict rules: no smoking, eating or drinking. If students show up drunk, instructors send them home. And if drivers are even a half minute late for any of the classes, they are locked out. Rule breakers must pay $25 to re-register and start the class over.

Not every student is a convert.

"The class - all it does is tell you that if you have two drinks, you're drunk... It's just something you had to do to satisfy them (authorities)," said one of the motorists arrested during last year's Fourth of July weekend. "It's like being in the military. They tell you something, and you do it."

The driver's arrest last year was his second, so he attended class for 21 hours at a cost of $233. He said that none of the measures used on drunken drivers - the class, fines, jail, counseling, or revoked licenses - stop people from drinking and driving.

The only way to stop drunken drivers, he said, is to outlaw alcoholic beverages. Convenience stores with barrels of cold beer by their doors just tempt drivers to drink.

"That's like hanging a carrot in front of a donkey and saying,'Don't eat it,'" he said.

As for people who don't drink and drive but worry about being hit by those who do: "If you don't want to get hit by a drunk driver and you're so worried about it, stay home."

### Discussing the problem with strangers

Life after the arrest of a drunken driver continues in the rooms of counselors, at Alcoholics Anonymous and in checkbooks, which are drained to cover the costs of the crime.

The safety council decides if drivers need alcohol treatment, based on two written tests and an hour long interview. Jennings said 60 percent of first offenders need it. Drivers who balk are charged with violating their probation and, sometimes, put in jail.

The treatment can be as simple as 12 one-hour group sessions for 12 weeks or as complicated as admittance to a hospital. Whatever the treatment, the drivers are forced to talk about their drinking problems with strangers.

In addition to counseling, repeat offenders go to jail. A second offense in three years results in 10 days in jail; a third offense in five years means 30 days.

Jail would be a good idea for all drunken drivers, according to Prather and Wiley. Prather said a weekend would be a good taste.

Wiley said, "I'd say one week in jail with alcohol treatment."

Jail is no guarantee, however, that a driver will clean up a drinking problem. A Fort Meade heavy-equipment operator was caught driving last year with a blood alcohol level of .273 percent - the highest of anyone arrested during the July Fourth holiday. It was his third drunken driving arrest, and he was sent to jail.

He arrived at jail drunk, registering a blood alcohol level of .255 percent.

When motorists convicted of drunken driving are sentenced, they always walk out of court without their licenses. More than half of those arrested during the Independence Day weekend last year kept driving, however, because Florida's legislators let them.

Florida's law states that if a license is revoked for six months drivers can get a hardship license immediately upon finishing DUI classes. If they take a DUI class before being sentenced, they can get their license back immediately after judges revoke them. Hardship licenses let people drive to work, church and medical appointments. They are available after a year when a license is revoked for five years, after 10 years when revoked for life.

Some drunk drivers return to the streets without a license. The license of a 59-year-old Apopka welder caught driving drunk on State Road 437 during last year's holiday was revoked in 1986.

When arrested last July 2, he recited the alphabet by saying,"A B C D E F G Q R Z." His blood alcohol level was 0.20 percent.

"Some people couldn't care less whether they have a license or not," Prather said.

Perhaps the stiffest drunk driving penalty is the cost. With lawyers' fees ranging from $250 to many thousands of dollars, increased insurance rates of $1,000 to $2,000 a year, fines, DUI school tuition and counseling, the cost can climb to more than $10,000.

"We thought hitting the pocketbook would do it," Wiley said.

"It hasn't."

People drive drunk again and again, Wiley has learned.

A 63-year-old Winter Park man had been through the drunken driving mill four times before last July. He had paid four fines and gone through an assortment of classes. Yet, when the July 4th holiday rolled-around in 1989, he was picked up again, this time in a minor accident. His blood alcohol level was .26 percent. In September, before he was sentenced in the July case and lost his license for life, he was picked up on a sixth drunken driving charge.

Jennings of the Safety Council said drivers will continue to be arrested until they change their behavior. The biggest hurdle the council faces is convincing drunken drivers that they have a problem with alcohol.

The hurdle is hard to cross. The man who compared DUI classes to the military has been through DUI classes, community service, probation, license suspension, and even five days in jail. His sentence included a judge's order to stay away from alcohol for a year.

"I cannot drink until after September the third," he said, "and on September the fourth, I'm having a party."

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## TYPICAL COST OF A FIRST-TIME DRUNKEN DRIVING ARREST

| | |
|---|---|
| INCREASED AUTO INSURANCE | $4,000 TO $7,000* |
| FINES AND COURT COST | $300 TO $745 |
| COURT-ORDERED TREATMENT | $250 TO $3,000 |
| ATTORNEY'S FEES | $250 AND UP |
| SUPERVISED PROBATION | $360 |
| DUI SCHOOL | $148 |
| TOTAL | $5,308 TO $11,253 |

*OVER 3 TO 5 YEARS

# SCIENCE

## PLANTS

### SUBJECT OBJECTIVE

Students will describe the process of water transportation in a plant.

### PREVENTION OBJECTIVE

Students will recognize the harmful effects AOD has on the body.

### MATERIALS/RESOURCES

1. Student Handout: "Pathways of Alcohol".
2. Celery stalk (with leaves).
3. Beaker.
4. Water.
5. Food coloring.
6. Crayons

### PROCEDURES/ACTIVITIES

1. Place celery stalk in beaker of water.
2. Add food coloring.
3. Set aside for 30-45 minutes.
4. Observe/discuss what happened.
5. Student Handout: "Pathways of Alcohol". Trace and label the movement of alcohol through the body.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: How did I feel while participating in the activity? What did I learn from participation in this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

1

### STOMACH

Passes quickly through the stomach though food can slow it down for a short time.

2

### SMALL INTESTINE

Goes through the wall of the small intestine almost immediately. It's not food so it is not digested.

3

### BLOOD STREAM

Travels in the blood to all parts of the body. Keeps on circulating through the body until it is broken down and eliminated.

5

### LIVER

90% broken down here at rate of 1/2 ounce every hour.

6

### LUNGS & KIDNEYS

About 10% eliminated here in breath and urine.

4

### BRAIN

Reaches into and depresses certain areas of the brain. Added drinks reach deeper, knocking out control center one by one. Sequence is:

☐ *Judgement*
☐ *Inhibition*

☐ *Reaction time*
☐ *Coordination*

☐ *Vision*
☐ *Speech*
☐ *Balance*

☐ *Walking*
☐ *Standing*

☐ *Consciousness*

☐ *Breathing*
☐ *Heartbeat*

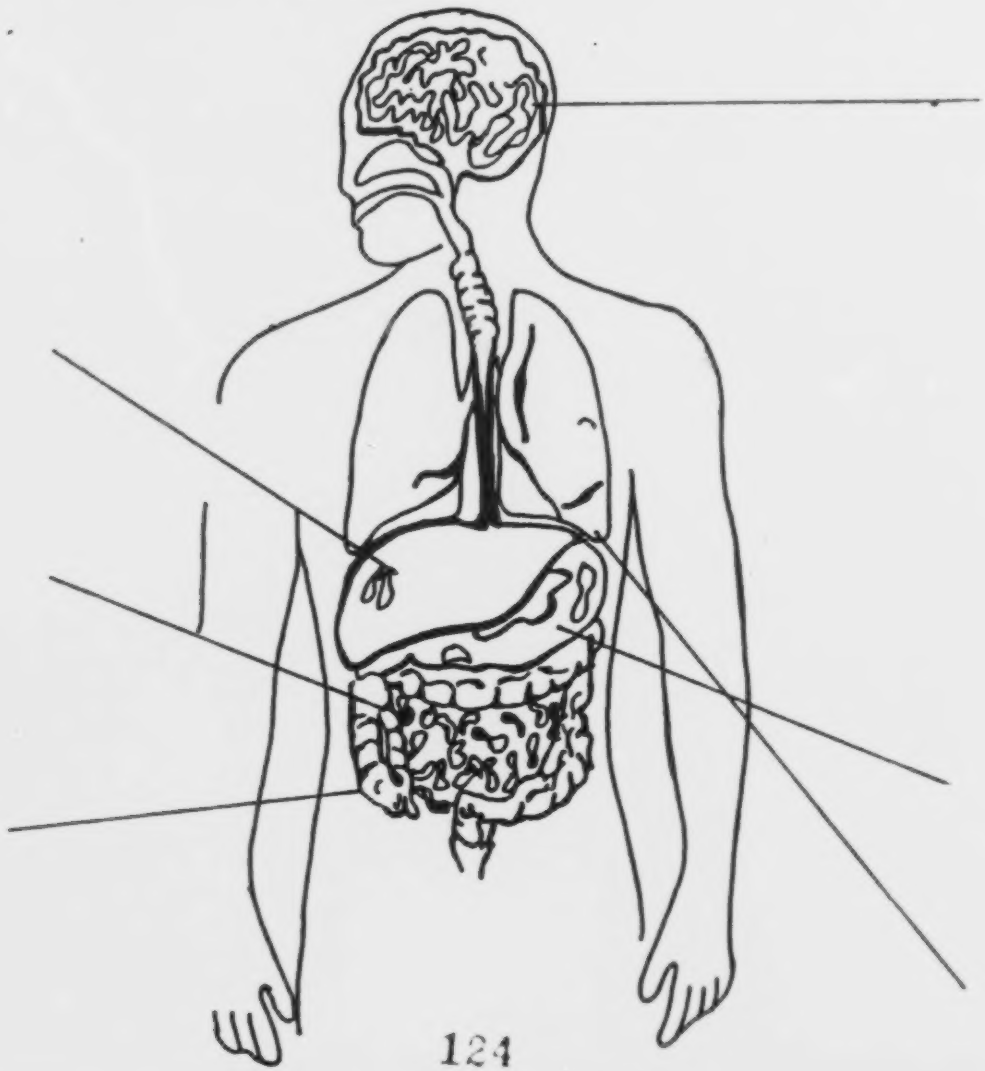
☐ *Life*

LABELS

# PATHWAYS OF ALCOHOL

## Directions

1. Cut out the label for each organ.
2. Locate and paste the label on the line pointing to the organ.



# PATHWAYS OF ALCOHOL

How does alcohol work? This diagram shows you what happens to this drink after it's swallowed.

1

## STOMACH

Passes quickly through the stomach though food can slow it down for a short time.

2

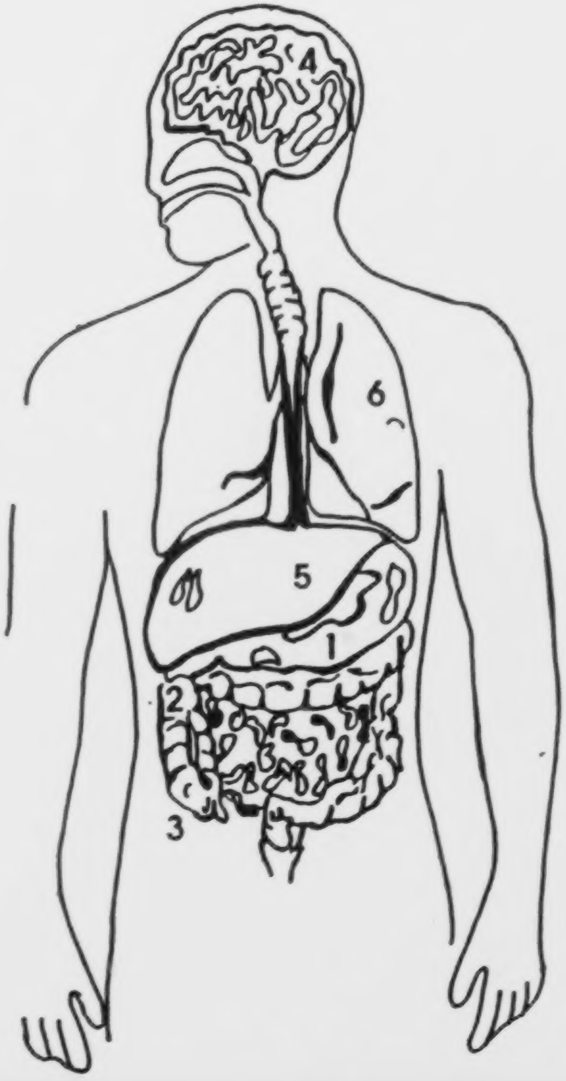
## SMALL INTESTINE

Goes through the wall of the small intestine almost immediately. It's not food so it is not digested.

3

## BLOOD STREAM

Travels in the blood to all parts of the body. Keeps on circulating through the body until it is broken down and eliminated.



4

## BRAIN

Reaches into and depresses certain areas of the brain. Added drinks reach deeper, knocking out control center one by one. Sequence is:

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☐ *Balance*

☐ *Walking*
☐ *Standing*

☐ *Consciousness*

☐ *Breathing*
☐ *Heartbeat*

☐ *Life*

5

## LIVER

90% broken down here at rate of 1/2 ounce every hour.

6

## LUNGS & KIDNEYS

About 10% eliminated here in breath and urine.

# SCIENCE

## BIOLOGY/HEALTH

### SUBJECT OBJECTIVE

Students will recognize the effects of steroid use on the body.

### PREVENTION OBJECTIVE

**Students will understand the need to value and to maintain sound personal health. Students will understand how drugs effect health.**

### MATERIALS/RESOURCES

1. Teacher Information Sheet: "Just The Facts - Steroids. "
2. Student Handout: " Roid Rap".

### PROCEDURES/ACTIVITIES

1. Teacher presentation of history, side effects, signs of, use, and adverse reaction to steroid use.
2. Class divided into small cooperative groups. Each group practices "Roid Rap" to present.
3. Each small group performs "Roid Rap" for the class.

### EXTENSION ACTIVITIES

Record rap song on tape.

Perform "Roid Rap" for atheletic groups, etc.

Make instruments for use with the rap.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: How did I feel while participating in the activity? What did I learn from participation in this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Bring in musical/sound making instruments for students to enhance rap song.

# STUDENT HANDOUT: **ROID RAP**

Hey jocks,
Listen to me,
These are the things, that you need to know,
about steroid use, so just follow the flow.
If you take these drugs, you will see -
A bountiful pile of changes in thee.

It may happen slow
It may happen fast
But some of the effects are guaranteed to last.

Your testicles may shrink
Quick as a wink.

You may bloat and float -
Just like a boat.

Look at the mirror, stare right there -
Hey, aren't you losin' your hair.

You may not reach your natural height -
Hey buddy - do you see the light?

No,
Well -
O-kay-
I've got something more to say.
Hey man, look at your face -
You've got zits all over the place.

You may have a stroke -
Or a heart attack.
It's just like -
You've taken some crack.

You want to be a father -
That needn't be a bother.

Your liver and kidney may disease -
Hey buddy, Will you listen -
Ask you please.

Playing sports is such fun -
Don't put yourself -
Under the gun.

Steroid use is a stupid thing -
Don't use steroids -
Or you'll feel their sting.

Never use it -
Never start -
Steroid use -
Will stop your heart.

# SCIENCE

## HEALTH

### SUBJECT OBJECTIVE

Student will observe what happens to growth when various substances are used.

### PREVENTION OBJECTIVE

Students will identify the physiological effects of tobacco, alcohol and other drugs.

### MATERIALS / RESOURCES:

1. Make a transparency of "What do you..."
2. Review the "Just The Facts" Information Sheets on Alcohol, Marijuana, and the Psychoactive Drugs Chart.
3. Student Handout: "Physical Effects Worksheet".
4. Paper cups, potting soil, seeds or sprouted plants, soda, coffee, water, rubbing alcohol, and labels for plants.

### PROCEDURES / ACTIVITIES:

1. Use "What do you know" transparency as a pre-activity. Ask the students questions such as: What do you know about the effects of alcohol, drugs, and/or tobacco on your body?
2. Set up growth experiments using seedlings. Give each small group sprouted seeds. Students will label the plants according to what they feed it.
3. Post-Activity: Give students Physical Effects Worksheet. Students will read for information. Use "What do you know" transparency to discuss the results of the experiment.

### EXTENSION ACTIVITY:

Students can make a bulletin board showing the results of their experiment.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What did I learn about myself? How am I going to be different after this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

# WHAT DO YOU .........

# ?

| Know you Know? |
|---|
| |

| Think you Know? |
|---|
| |

| Think you'll Learn? |
|---|
| |

STUDENT HANDOUT

# PHYSICAL EFFECTS
# DRUGS, TOBACCO, ALCOHOL

## 1. Alcohol

It affects the brain and the body. Alcohol depresses the central nervous system. Long-term continual use of alcohol can lead to serious health problems and many forms of cancer. Alcohol use can also damage the liver, pancreas, and kidneys. It can also cause a number of other health problems such as stomach problems, high blood pressure, and heart attacks. Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation.

## 2. Cocaine

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, and seizures. Cocaine stimulates the central nervous system. Its immediate effects include: dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature.

## 3. Marijuana

Marijuana mainly affects the brain. Small doses of marijuana can reduce short-term memory, alter sense of time, hamper judgment, reduce concentration, and impede swift actions and coordinated movements, which are needed for driving. Continual, long-term marijuana use may cause brain damage similar to the changes in the brain that occur during aging. Another physical effect, which can pose a risk for people with heart and circulatory problems, is a faster heartbeat. Marijuana use by young people is particularly dangerous, because it can affect both their short and long-term development.

## 4. Tobacco

Smoking during pregnancy poses serious risks. Spontaneous abortions, preterm birth, low-birth weights and fetal and infant deaths are more likely to occur when the pregnant woman/mother is a smoker. The most dangerous substance in tobacco smoke is nicotine. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Smokers are more likely than nonsmokers to contract heart disease. Lung, larynx, bladder, kidney, esophageal and pancreatic cancers are linked to smoking.

# SCIENCE

## HEALTH / BODY SYSTEMS

### SUBJECT OBJECTIVE

Students will explain the physiological effects of tobacco, alcohol and other drugs.

### PREVENTION OBJECTIVE

Students will summarize the concept that drugs effect the body. Students will gain insight that a healthy body is drug free.

### MATERIALS/RESOURCES

1. Bulletin board paper for drawing full-size body shapes.
2. Student Handout "Internal Organs" #1 - 5.
3. Student Handout "Alcohol Effects Labels".
4. Transparency on Internal Organs.
5. Information Sheet "Just The Facts" - Alcohol.
6. Student Handout "Forty Ways to Say No."

### PROCEDURES/ACTIVITIES

1. Teacher uses transparency to teach internal organs, location and effects of alcohol and other drugs on them.
2. Using bulletin board paper, students will outline each other's body, then cut out.
3. Students cut out and color large body organs and paste them in appropriate places on cut out.
4. Students match the Effects Label, cut out and paste in place on the body.
5. Follow up discussion including peer interaction skills, question and answer session, reinforcement of ways to say no.

### EXTENSION ACTIVITIES

To reinforce internal organ location, function and effects of alcohol and other drugs, teacher uses transparency while students use handout "Student Body". Students draw organs in correct location on handout. Students may write the effect of alcohol or other drugs on the organ after drawn on the body.

Students work in small cooperative groups, each group choosing a different drug to study.

Students share learned knowledge with other groups.

Grade level
7

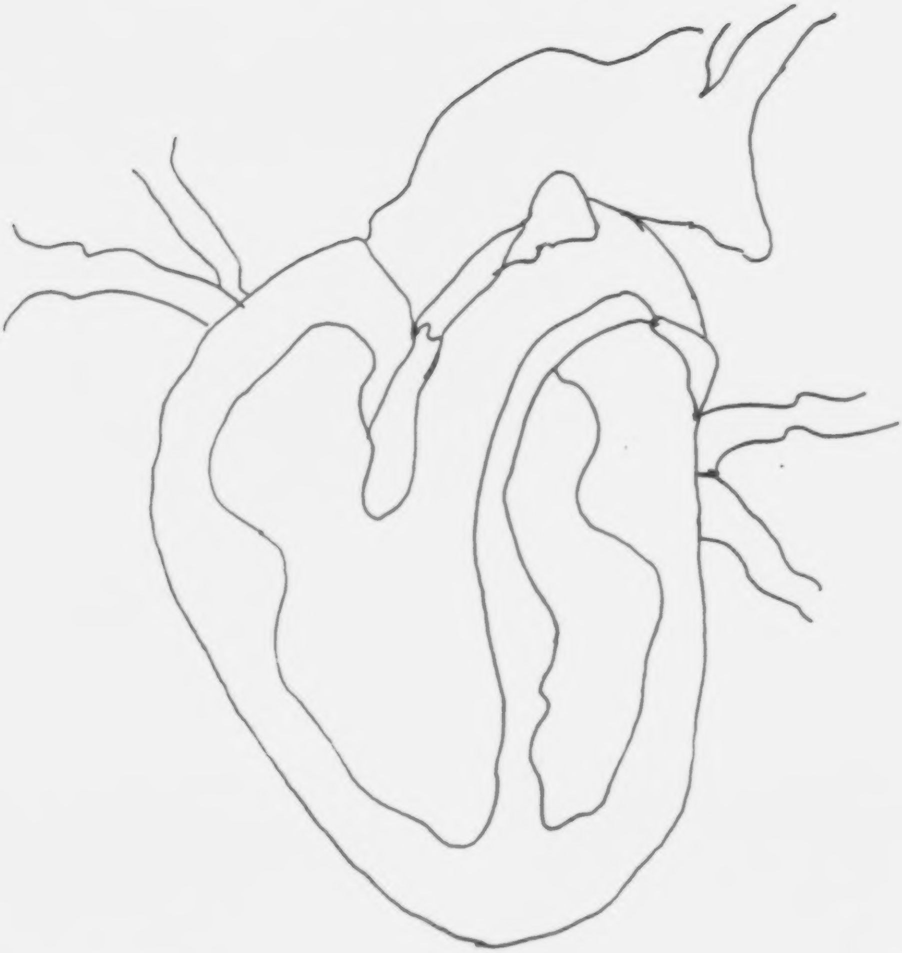
### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What information learned from this activity surprised me?
Do I have the skill/ability needed to change my behavior or assist my friends in changing theirs? How do I feel about the human body and the effects of alcohol or other drugs on its functioning?

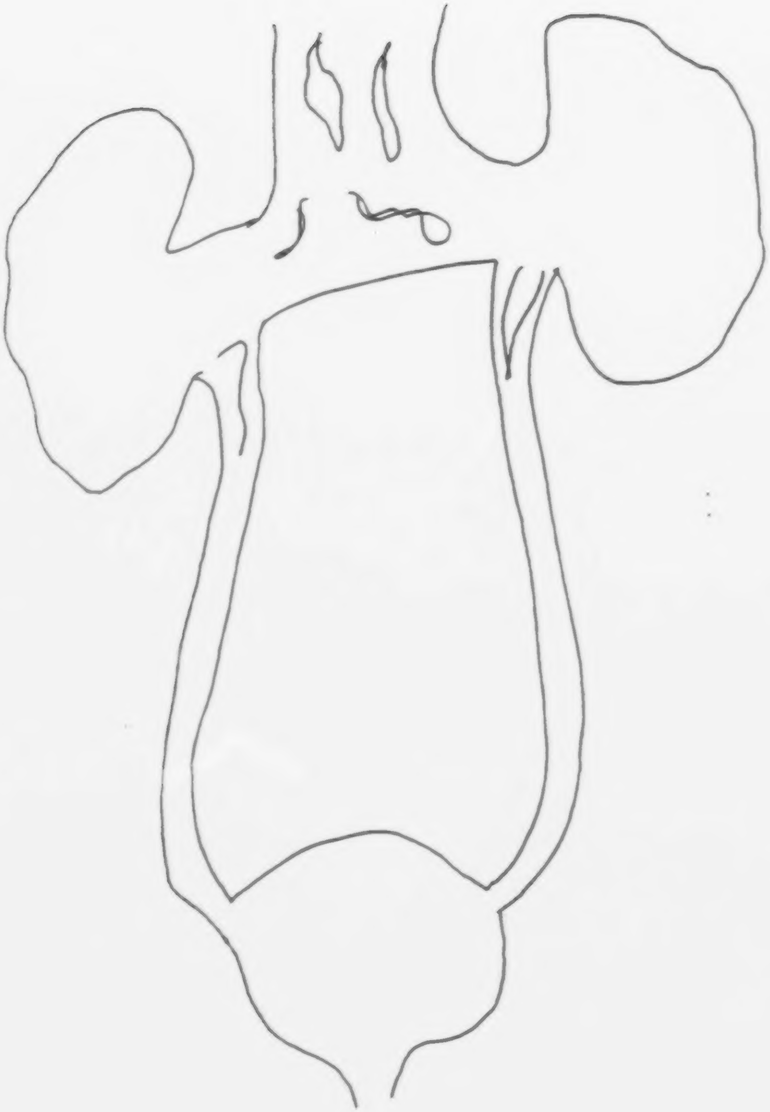
Student Objective can be correlated to Exceptional Education IEP Objective.

# BRAIN #1

# HEART AND BLOOD VESSELS #2

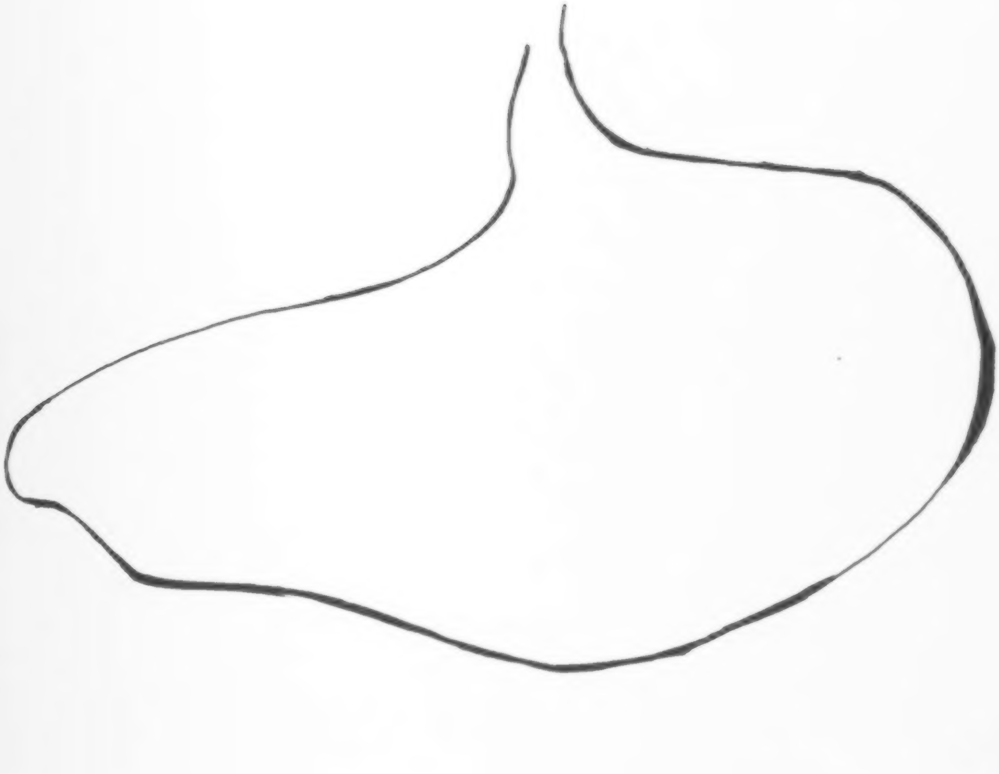


# KIDNEYS AND BLADDER #3



# LIVER #4

# STOMACH #5



STUDENT HANDOUT:

# ALCOHOL EFFECTS LABELS

As a clearinghouse for alcohol, I can process a quarter of an ounce per hour. Heavy drinking can damage me.

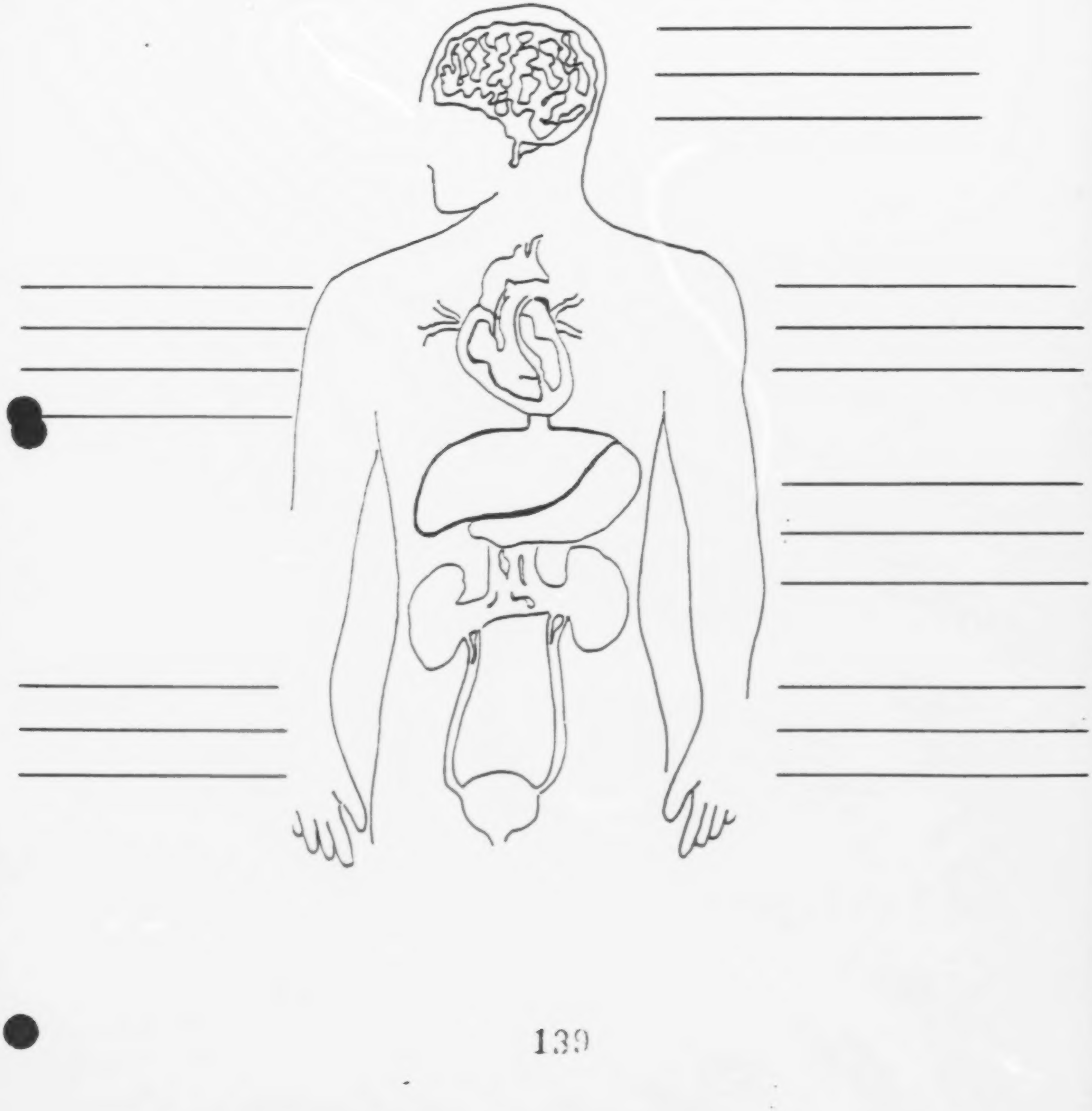
Alcohol enters the bloodstream through my lining. My muscles relax, improving digestion. Appetite is stimulated.

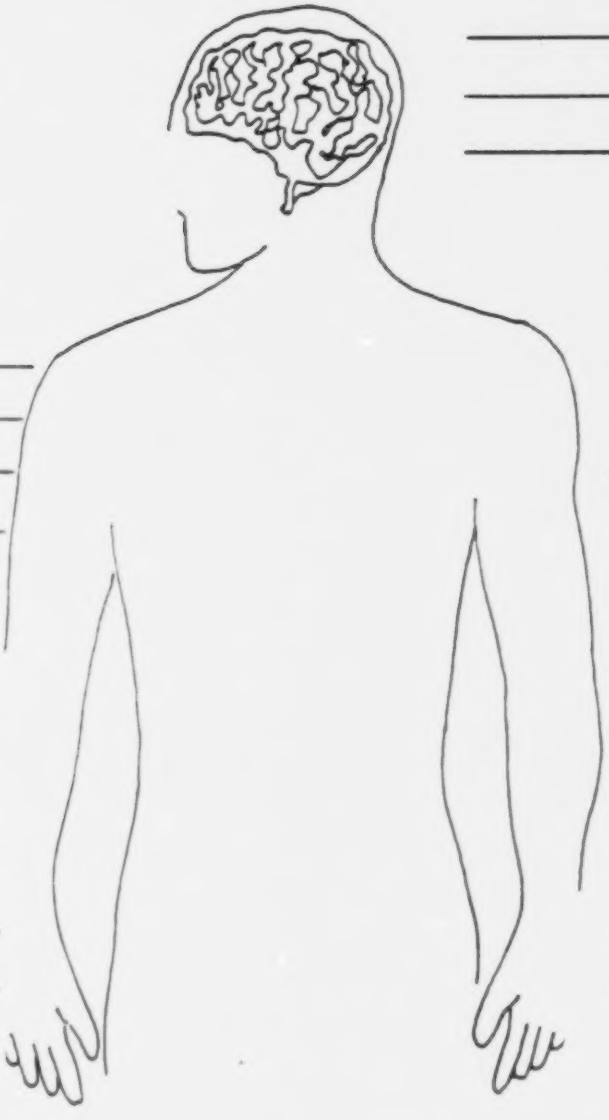
Alcohol suppresses hormones that cause me to excrete urine slowly, resulting in dehydration.

I become less efficient in tasks that require alertness. I become sluggish and confused.

My capillaries get larger, carrying heat to my skin. This action makes me feel warmer, when I am really not warmer.

Alcohol causes me to slow down, which makes my blood pressure go up. High blood pressure can cause a stroke.





# PSYCHOACTIVE DRUGS post-it chart

| | DRUGS | MEDICAL USES | MEDICAL NAMES | SLANG NAME | FORMS & USUAL ADMINISTRATION | EFFECTS SOUGHT | POSSIBLE EFFECTS | OVERDOSE | LONG TERM EFFECTS |
|---|---|---|---|---|---|---|---|---|---|
| STIMULANTS | NICOTINE | none | nicotine | butt, chew, smoke, cig | pipe tobacco, cigarettes, snuff<br>sniff, chew, smoke | relaxation | respiratory difficulties, fatigue, high blood pressure | none | dependency, lung cancer, heart attack, respiratory |
| | CAFFEINE | hyperkinesis, stimulant | caffeine | none | chocolate, tea, cola drinks, coffee<br>swallow | alertness | increased alertness, pulse rate & blood pressure, excitation, insomnia, loss of appetite | irritability | dependency may aggravate organic actions |
| | AMPHETAMINES | hyperkinesis, narcolepsy, weight control, mental disorders | dexedrine, benzedrine | speed, bennies, dexies, pep pills | capsules, liquid, tablets, powder<br>inject, swallow | alertness, activeness | | agitation, increase in body temperature, hallucinations, convulsions, possible death | severe withdrawal, possible convulsions, toxic psychosis |
| | COCAINE | local anesthetic | cocaine | coke, rock, crack, blow, toot, white, blast, snow, flake | powder, rock,<br>inject, smoke, inhale | excitation, euphoria | | | dependency, depression, paranoia, convulsions |
| DEPRESSANTS | ALCOHOL | none | ethyl alcohol | booze | liquid<br>swallow | sense alteration, anxiety reduction | loss of coordination, sluggishness, slurred speech, disorientation, depression | total loss of coordination, nausea, unconsciousness, possible death | dependency, toxic psychosis, neurologic damage |
| | SEDATIVES | anesthetic, sedative hypnotic, anti-convulsant | secobarbital, phenobarbital, seconal | barbs, reds, downers, supers | capsules, tablets, powder,<br>inject, swallow | anxiety reduction, euphoria, sleep | | cold & clammy skin, dilated pupils, shallow respiration, weak & rapid pulse, coma, possible death | dependency, severe withdrawal, possible convulsions, toxic psychosis |
| | TRANQUILIZERS | anti anxiety, sedative hypnotic | valium, miltown, librium | downers | capsules, tablets<br>swallow | | | | |
| NARCOTICS | OPIUM | analgesic, antidiarrheal | paregoric | none | powder<br>smoke, swallow | euphoria, prevent withdrawal, sleep | euphoria, drowsiness, respiratory depression, constricted pupils, sleep, nausea | clammy skin, slow & shallow breathing, convulsions, coma, possible death | dependency, constipation, loss of appetite, severe withdrawal |
| | MORPHINE | analgesic, antitussive | morphine, pectoral syrup | none | powder, tablet, liquid<br>inject, smoke, swallow | | | | |
| | HEROIN | research | diacetylmorphine | China white, smack, junk, H, [illegible] horse | powder<br>inject, swallow | | | | |
| | CODEINE | analgesic, antitussive | codeine, empirin compound w/codeine, robitussin a-c | none | capsule, tablet, liquid<br>inject, swallow | | | | |
| CANNABIS | THC | research | tetrahydrocannabinol | thc | tablets, liquid<br>swallow | relaxation, euphoria, increased perception | relaxed inhibitions, euphoria, increased appetite, distorted perceptions, disoriented behavior | fatigue, paranoia, possible psychosis | "amotivational syndrome" respiratory difficulties, lung cancer, interference with physical & emotional development. |
| | HASHISH | none | tetrahydrocannabinol | hash | solid resin<br>smoke | | | | |
| | MARIJUANA | research | tetrahydrocannabinol | pot, grass, sinsemilla, dubie, ganja, dope, gold, herb, buddha, weed, reefer | plant particles,<br>smoke, swallow | | | | |
| HALLUCINOGENS | PCP | none | phencyclidine | angel dust, zoot, peace pill, hog | tablet, powder<br>smoke, swallow | distortion of senses, insight, exhilaration | illusions & hallucinations, distorted perception of time & distance | longer & more intense "trips" or episodes, psychosis, convulsions, possible death | may intensify existing psychosis, flashbacks, panic reactions |
| | LSD | research | lysergic acid diethylamide | acid, sugar | capsule, tablet, liquid<br>swallow | | | | |
| | ORGANICS | none | mescaline, psilocybin | mesc, mushrm | crude preparations, tablet, powder<br>swallow | | | | |
| INHALANTS | AEROSOLS & SOLVENTS | none | none | glue | solvents, aerosols<br>inhale | intoxication | exhilaration, confusion, poor concentration | heart failure, unconsciousness, possible death | impaired perception, coordination & judgement, neurologic damage |

# WAYS TO SAY NO!!

**Here is our list of ways you can say NO to any harmful activity!**
**40 Ways to Say No**

1. The man on TV told me to stay tuned!
2. It's my parakeet's birthday!
3. I'm enrolled in an aerobics class and need to stay in shape.
4. I just don't feel like it now!
5. I have to go to the post office and see if I am still wanted!
6. I'm teaching my gerbil to yodel!
7. I would end up embarrassing myself!
8. I'm on a diet!
9. What else have you got!
10. I have to check the freshness dates on my dairy products!
11. I'm going through hot fudge sundae withdrawal!
12. I'm trying to see how long I can go without saying YES!
13. No thanks, I'm in training.
14. I'm too short/tall!
15. The President said he might stop by!
16. I'm attending the opening of my garage door!
17. I'm worried about my dog/cat!
18. I'm going down to the bakery and watch the bread rise!
19. I'm being deported!
20. No thanks, I want to keep a clear head!
21. I have too much guilt!
22. I have to sit up with a sick aunt!
23. I've been traded to Kansas City!
24. I have to wash, condition, and curl my hair!
25. I don't want to get into trouble with my parents/coach/teacher!
26. None of my socks match!
27. It's just not for me!
28. I'm high on life!
29. No thanks, I don't like the taste!
30. I've got to study later!
31. I'd rather dance!
32. I'm saving all my brain for science!
33. I have to bleach my hair!
34. My life is weird enough as it is!
35. My favorite commercial is on TV!
36. I like me just the way I am!
37. I think you want the other (your name).
38. No thanks, if I do I will lose all of my privileges!
39. It makes me tired!
40. Just plan NO!!!!!!!!!!!

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# SCIENCE

## HEALTH/ CPR

### SUBJECT OBJECTIVE

Student will demonstrate CPR procedure.

### PREVENTION OBJECTIVE

Student will give example of specific illegal substances which may stop the heart requiring the person to need CPR.

### MATERIALS/RESOURCES

1. CPR dummy.
2. Background knowledge on correct CPR steps.
3. Student Handout: CPR Crossword Puzzle.
4. Vocabulary list.

### PROCEDURES/ACTIVITIES

1. Each student will demonstrate CPR.
2. Student will fill in cross word puzzle.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: How did I feel while participating in the activity? What did I learn from participation in this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Have a certified C.P.R. person come in to give the training and certificates. (Call Red Cross, EMT person, Fire Fighter, American Heart Association or any local hospital.)

This is a final lesson after learning procedures and discussions on CPR. At this point, a certified person will come in to certify students.

# C.P.R.

# A B C steps

## A - AIRWAY

Responsiveness - "Are You Okay?"
Open airway
Call for help

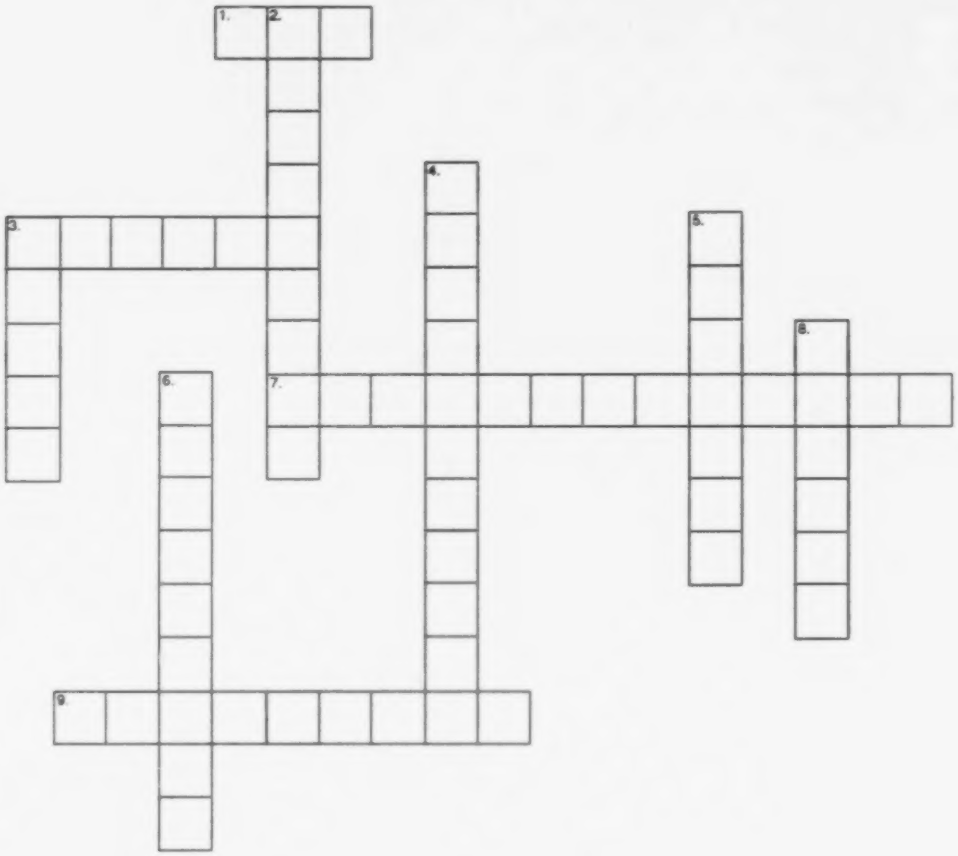
## B - BREATHING

Look, Listen, Feel
Give 2 breaths
Tell someone to call 911 - "you (point to a person) call 911"

## C - CIRCULATION

Check pulse
Begin compressions: 15 thrusts 2 breaths
Repeat compressions 4 times
Check pulse again
Keep this cycle going until help arrives

# CROSSWORD PUZZLE



**Across:**

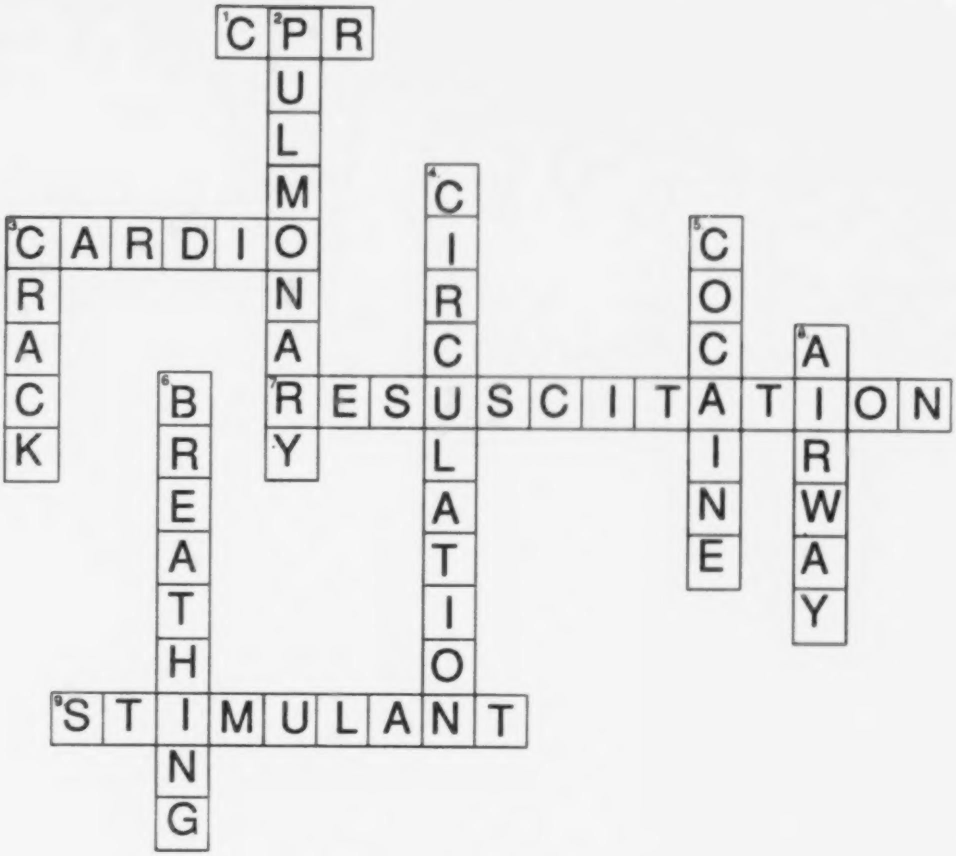
1. the abbreviation for Cardio Pulmonary Resuscitation
3. word that means heart
7. word that means to bring back from not breathing
9. a drug which increases the heart rate

**Down:**

2. word that means lungs
3. a strong form of cocaine
4. what the letter "C" stands for in the ABC's of CPR
[illegible] a drug that can cause the heart to beat too fast causing the heart to stop beating all together
6. what the letter "B" stands for in the ABC's of CPR
8. what the letter "A" stands for in the ABC's of CPR

# CROSSWORD PUZZLE

## solution



# CPR - WORD LIST

**C.P.R.** - Cardio Pulmonary

**cardio** - heart

**pulmonary** - lungs

**resuscitation** - bring back from not breathing

**cocaine** - a stimulant which can cause the heart to beat too fast, causing the heart to stop

**A.B.C.** - steps to follow when giving CPR

**"A"** - airway

**"B"** - breathing

**"C"** - circulation

**crack** - a very strong form of cocaine

**rock** - slang for cocaine

## DRUG USE

### SUBJECT OBJECTIVE

Students will identify inappropriate use of drugs.

### PREVENTION OBJECTIVE

Students will summarize the synergistic effect of combining two or more types of alcohol and other drugs.

### MATERIALS/RESOURCES

1. Teacher Background Information: "Mixing It Up."
2. Student Handout "Mixing It Up."
3. Student Handout "Mixing It Up--Observation Sheet."
4. Sugar cubes, cigarette ashes, matches, metal ashtray(s).

### PROCEDURES/ACTIVITIES

1. Students read "Mixing It Up." This can be done silently, orally, or listening as the teacher reads.
2. Engage students in a discussion emphasizing what a drug interaction is, what synergism is, and possible outcome. You may want to share some information from Teacher's Background Information on "Mixing It Up."

### EXTENSION ACTIVITIES

Another example of chemical interaction would be to put a small styrofoam cup in a plastic bag and then spray it with mace. This is actually a test for the effectiveness of mace or tear gas.

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn from this activity? What will I change (do differently) after learning this information? What did I think/feel during the experiment part of this activity?

Subject objective can be correlated to Exceptional Education I.E.P. objective.

Experiment from procedure #4 can be done in small groups if student population is suitable.

Conduct experiment detailed on Teacher's Information for "Mixing It Up" either with the class as a whole or breaking into small groups.

Students complete the "Mixing It Up" Observation Sheet in cooperative groups, or individually. Orally go over the observation sheet, encouraging individuals or groups to share answers 1-4 and conclusion from #5.

Review the terms "drug interaction" and "synergism."

Student Handout

# "MIXING IT UP"

When a person takes two or more types of drugs, it is very likely that the drugs will mix together and cause problems. This is called a drug interaction. All drugs are capable of causing interactions, including over-the-counter, prescription, alcohol and other drugs.

There are many problems that can happen when drugs are mixed. One way, called synergism, happens when the drugs cause each other to be super-strength. For example, alcohol and barbiturates both slow down the central nervous system. The effect of alcohol and barbiturates together causes a super slow down which can even result in coma or death. Synergism can occur in many drug combinations.

The possibilities for drug interactions are many, with synergism perhaps being the worst. Taking two or more drugs together or even near the same time can quickly lead to a dangerous, uncontrollable situation. The safest action is to have a doctor's approval before mixing medicines, tobacco, alcohol and other drugs.

# "MIXING IT UP" OBSERVATION SHEET

Directions: After observing the experiment, fill in the blanks.

**1. The materials used in the experiment included:**

________________________________________

________________________________________

________________________________________

**2. What happened when the match was held under the plain lump of sugar?**

________________________________________

________________________________________

________________________________________

**3. How did the ashes effect the sugar lump?**

________________________________________

________________________________________

________________________________________

**4. Describe what was left in the tray when the experiment was completed?**

________________________________________

________________________________________

________________________________________

**5. If the chemicals from sugar and cigarette ashes mix together to cause changes, what can you say about mixing drugs?**

________________________________________

________________________________________

________________________________________

________________________________________

## TEACHER'S BACKGROUND INFORMATION "MIXING IT UP"

### Drug Interactions

1) Read over student sheet for basic information about drug interactions and synergism.

*Some other drugs that are likely to hold synergistic effects include:

tranquilizers (calm down, medication)
antihistamines (cold, allergy and diet medicine)
sedatives (sleep medicines)

*2) Some other types of drug interactions are:

a) One drug stopping the other drug from having an effect: i.e., caffeine and some sedatives, nicotine from cigarettes and some analgesics, and more.

b) Building up a tolerance for one drug can actually build up the same tolerance for some others: i.e., alcohol and barbiturates.

### Mixing It Up Experiment

1) Hold a lit match under a lump of sugar, showing that sugar will not burn.

2) Rub a lump of sugar in cigarette ashes (simulating the mixture of drugs).

3) Hold a lit match under the lump of sugar from step 2 and it will burn. Sit the lump in the ash tray.

# SCIENCE

## ALCOHOL ABUSE

### SUBJECT OBJECTIVE

Students will demonstrate knowledge of the effects of chemicals in the body.

### PREVENTION OBJECTIVE

Students will demonstrate the knowledge of alcohol concentration in the blood.

### MATERIALS / RESOURCES

1. Five vials, water, red food coloring.
2. Student handouts--"The Effects of Alcohol in the Blood".
3. Teacher Background Information: "Sample Student Worksheet."
4. One class set of "Mixed-up Facts".
5. Blank sheet for the proper placement of "Mixed-up Facts".
6. Scissors for each class member.

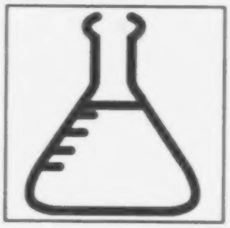
### PROCEDURES / ACTIVITIES

1. Students will go over chart of facts with the teacher discussing the statistics.
2. Students will cut out the effects pieces.
3. Students will reassemble the chart placing the correct blood alcohol percentage with the corresponding effect on the body.

### EXTENSION ACTIVITIES

Teacher will fill five vials with equal amount of water.

For each level of alcohol concentration the teacher will drop in a corresponding amount of coloring as it relates to blood alcohol levels. Example: 0.03% = 3 drops, 0.06% = 6 drops.



Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What was I thinking during this lesson? Will this lesson change the way I feel or act?

Subject objective can be correlated to the Exceptional Eduction I.E.P. objective.

SAMPLE OF COMPLETED STUDENT WORKSHEET

## Alcohol concentration in the blood

Effects

0.03%
slight changes in feeling; mildly relaxed

0.06%
feeling of warmth and relaxation; slight loss of behavioral control; slight loss of fine motor skills; less concern with minor irritations and restraints

0.09%
floating sensation; exaggerated emotions and behavior; talkative; unable to make good judgments

0.12%
fine motor skills greatly impaired; clumsiness apparent; slight to moderate unsteadiness in standing or walking; blurred vision

0.15%
both fine and gross motor skills impaired; behavior becomes irrational or dangerous; vomiting, headache, and/or queasiness may result after initial effects of alcohol wear off

# MIXED UP FACTS

SHOULD BE CUT AND PLACED IN ENVELOPE

**0.03%**

**0.06%**

**0.15%**

**0.09%**

**0.12%**

**fine motor skills greatly impaired; clumsiness apparent; slight to moderate unsteadiness in standing or walking; blurred vision**

**feeling of warmth and relaxation; slight loss of behavioral control; slight loss of fine motor skills; less concern with minor irritations and restraints**

**slight changes in feeling; mildly relaxed**

**floating sensation; exaggerated emotion and behavior; talkative; unable to make good judgments**

# SCIENCE

## HEALTH/BIOLOGY

### SUBJECT OBJECTIVE

Students will identify the physiological and psychological effects of drugs on the body.

### PREVENTION OBJECTIVE

Students will recognize slang names and negative effects of tobacco, marijuana, alcohol, and inhalants.

### MATERIALS/RESOURCES

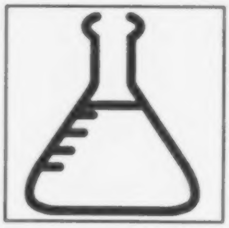
1. Game cards.
2. Instruction sheet.
3. Psychoactive Drug Chart from "Just The Facts".

### PROCEDURES/ACTIVITIES

1. Pre-game discussion of drugs, their slang names, and psychological and physical effects.
2. Small groups of 3 or 4 students will participate in matching game; matching drug card to slang names and effects.

### EXTENSION ACTIVITIES

Discuss and identify tobacco, alcohol, marijuana, and inhalants, including how their use leads to use of other drugs.



Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: How did I feel doing this activity ? What information learned from this activity surprised me?

Subject objective can be correlated to Exceptional Education I.E.P. objective.

Put cards on heavy cardboard and laminate for durability.

STUDENT HANDOUT: Game Cards

ALCOHOL

TOBACCO

MARIJUANA

INHALANTS

STUDENT HANDOUT: Instruction Sheet

| | | | |
|---|---|---|---|
| Alcohol | Alcohol | Booze<br>Juice<br>Brew<br>Vino<br>Hooch | Loss of coordination<br>Sluggishness<br>Slurred Speech<br>Disorientation<br>Depression<br>Nausea |
| Tobacco | Tobacco | Butt<br>Chew<br>Smoke<br>Cig<br>Fag | Dependency<br>Addiction<br>Respiratory Difficulties<br>High Blood Pressure<br>Heart Disease<br>Cancer<br>Yellow teeth<br>Bad breath |
| Marijuana | Marijuana | Grass<br>Weed<br>Reefer<br>Pot<br>Hash<br>Dope | Paranoia<br>Dependency<br>Disorientation<br>Distorted Perception<br>Increased heart rate<br>Memory loss<br>Lack of motivation<br>Lung damage |
| Inhalants | Inhalants | Poppers<br>Snappers<br>Rush<br>Locker Room<br>Incense | Disorientation<br>Confusion<br>Poor concentaration<br>Ringing in the ears<br>Irregular heart rate<br>Nausea<br>Nosebleeds<br>Double vision<br>Heart Failure<br>Addiction |

# PSYCHOACTIVE DRUGS post-it chart

| | DRUGS | MEDICAL USES | MEDICAL NAMES | SLANG NAME | FORMS & USUAL ADMINISTRATION | EFFECTS SOUGHT | POSSIBLE EFFECTS | OVERDOSE | LONG TERM EFFECTS |
|---|---|---|---|---|---|---|---|---|---|
| STIMULANTS | NICOTINE | none | nicotine | butt, chew, smoke, fag | pipe tobacco, cigarettes, snuff<br>snuff, chew, smoke | relaxation | respiratory difficulties, fatigue, high blood pressure | none | dependency, lung cancer, heart attack, respiratory |
| | CAFFEINE | hyperkinesis, stimulant | caffeine | none | chocolates, tea, soft drinks, coffee<br>swallow | alertness | increased alertness, pulse rate & blood pressure, excitation, insomnia, loss of appetite | irritability | dependency, may aggravate organic actions |
| | AMPHETAMINES | hyperkinesis, narcolepsy, weight control, mental disorders | dexedrine, benzedrine | speed, bennies, dexies, pep pills | capsules, liquid, tablets, powder<br>inject, swallow | alertness, activeness | | agitation, increase in body temperature, hallucinations, convulsions, possible death | severe withdrawal, possible convulsions, toxic psychosis |
| | COCAINE | local anesthetic | cocaine | coke, rock, crack, blow, toot, white, blast, snow, flake | powder, rock,<br>inject, smoke, inhale | excitation, euphoria | | | dependency, depression, paranoia, convulsions |
| DEPRESSANTS | ALCOHOL | none | ethyl alcohol | booze | liquid<br>swallow | sense alteration, anxiety reduction | loss of coordination, sluggishness, slurred speech, disorientation, depression | total loss of coordination, nausea, unconsciousness, possible death | dependency, toxic psychosis, neurologic damage |
| | SEDATIVES | anesthetic, sedative hypnotic, anti-convulsant | secobarbital, phenobarbital, seconal | barbs, reds, downers, sopors | capsules, tablets, powder<br>inject, swallow | anxiety reduction, euphoria, sleep | | cold & clammy skin, dilated pupils, shallow respiration, weak & rapid pulse, coma, possible death | dependency, severe withdrawal, possible convulsions, toxic psychosis |
| | TRANQUILIZERS | anti-anxiety, sedative hypnotic | valium, miltown, librium | downers | capsules, tablets<br>swallow | | | | |
| NARCOTICS | OPIUM | analgesic, antidiarrheal | paregoric | none | powder<br>smoke, swallow | euphoria, prevent withdrawal, sleep | euphoria, drowsiness, respiratory depression, constricted pupils, sleep, nausea | clammy skin, slow & shallow breathing, convulsions, coma, possible death | dependency, constipation, loss of appetite, severe withdrawal |
| | MORPHINE | analgesic, antitussive | morphine, pectoral syrup | none | powder, tablet, liquid<br>inject, smoke, swallow | | | | |
| | HEROIN | research | diacetylmorphine | china white, smack, junk, H, fix, horse | powder<br>inject, swallow | | | | |
| | CODEINE | analgesic, antitussive | codeine, empirin compound w/codeine, robitussin a-c | none | capsule, tablet, liquid<br>inject, swallow | | | | |
| CANNABIS | THC | research | tetrahydrocannabinol | thc | tablets, liquid<br>swallow | relaxation, euphoria, increased perception | relaxed inhibitions, euphoria, increased appetite, distorted perceptions, disoriented behavior | fatigue, paranoia, possible psychosis | "amotivational syndrome" respiratory difficulties, lung cancer, interference with physical & emotional development. |
| | HASHISH | none | tetrahydrocannabinol | hash | solid resin<br>smoke | | | | |
| | MARIJUANA | research | tetrahydrocannabinol | pot, grass, sinsemilla, doobie, ganja, dope, gold, herb, budda, weed, reefer | plant particles<br>smoke, swallow | | | | |
| HALLUCINOGENS | PCP | none | phencyclidine | angel dust, dust, peace pill, hog | tablet, powder<br>smoke, swallow | distortion of senses, insight, exhilaration | illusions & hallucinations, distorted perception of time & distance | longer & more intense "trips" or episodes, psychosis, convulsions, possible death | may intensify existing psychosis, flashbacks, panic reactions |
| | LSD | research | lysergic acid diethylamide | acid, sugar | capsule, tablet, liquid<br>swallow | | | | |
| | ORGANICS | none | mescaline, psilocybin | mesc, mushro ) | crude preparations, tablet, powder<br>swallow | | | | |
| INHALANTS | AEROSOLS & SOLVENTS | none | none | glue | solvents, aerosols<br>inhale | intoxication | exhilaration, confusion, poor concentration | heart failure, unconsciousness, possible death | impaired perception, coordination & judgement, neurologic damage |

# SCIENCE

## BODY SYSTEMS

### SUBJECT OBJECTIVE

Students will demonstrate knowledge of the structure and function of body systems.

### PREVENTION OBJECTIVE

Students will identify harmful effects of marijuana use.

### MATERIALS/RESOURCES

1. Teacher Background Information: N.I.D.A. Capsules," Marijuana Update."
2. "Just The Facts ... Marijuana."
3. Science Textbook.
4. Student Handout: "Effects of Marijuana on the Body."

### PROCEDURES/ACTIVITIES

1. Group discussion of student views of the effects of particular drugs on the body.
2. Compare student views to actual facts.
3. List characteristics of chronic marijuana smoker.
4. Draw a picture of the characteristics of the chronic marijuana smoker.

### EXTENSION ACTIVITIES

Use same Procedures/Activities for other harmful substance. Complete chart researching tobacco, alcohol, heroine, and other substances that are abused.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about this activity surprised me? What did I learn about myself? How am I going to be different after this experience?

Subject objective can be correlated to Exceptional Education IEP objective.

TEACHER BACKGROUND INFORMATION:

# N.I.D.A. CAPSULES: MARIJUANA UPDATE

Marijuana is still by far the most extensively used illicit drug. According to the latest survey (1985) almost 62 million Americans have tried marijuana in their lifetime and 29 million used the drug in the past year. Current use of marijuana decreased from 20 million in 1982 to 18 million in 1985 for the 12 and older population. Among employed 20-40 year-olds, 16 percent reported using marijuana at least once in the past month.

Starting in 1979 there has been a gradual decline in marijuana use among high school seniors. Marijuana use peaked in 1978 when almost 11 percent of high school seniors reported daily or almost daily use and has gradually declined to 2.7 percent in 1988.

A 1985 N.I.D.A. survey of clients, admitted to drug abuse treatment programs, shows that one in seven clients reported marijuana as their primary drug of abuse, second only to heroine.

The National Institute on Drug Abuse (N.I.D.A.) has supported extensive research into the effects of marijuana. Findings from several of these studies follow.

## Effects of Marijuana on the Brain

Significant progress has been made recently by several N.I.D.A. grantees in determining how marijuana acts on the brain. Several animal studies have focused attention on the hippocampus, the major component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivation. Taken together, these results may provide the first clue to the mechanisms underlying marijuana induced euphoria and loss of memory and provide the definitive evidence for a toxic effect of marijuana on brain nerve cells.

Researchers have found that THC, the psychoactive ingredient in marijuana, changes the way in which sensory information gets into and is acted on by the hippocampus. Studies have found that the information processing system and the activity of the neurons and nerve fibers are altered. Investigations have also shown that THC exerts an action directly on a part of the brain that scientists believe may underlie memory.

Two other studies found evidence that chronic THC exposure damages and destroys nerve cells and causes other pathological changes in the brain. The loss of cells appears to be similar to the loss seen with normal aging. This raises many concerns among which is that mild functional losses due to aging may interact with the effects of marijuana in an addictive fashion, possibly placing long-term marijuana users at risk for serious or premature memory disorders as they age.

## Effects of Marijuana on the Lungs

Scientists at the University of California, Los Angelos, found that the daily use of 1 to 3 marijuana joints appears to produce approximately the same lung damage and potential cancer risk as smoking 5 times as many cigarettes. The study results suggest that the way smokers inhale marijuana, in addition to its chemical composition, increases the adverse physical effects. The same lung cancer risks associated with tobacco also apply to marijuana users even though they smoke far less. The study findings refute the argument that marijuana is safer than tobacco because users only smoke a few joints a day.

### Effects on Heart Rate and Blood Pressure

Recent findings indicate that smoking marijuana while shooting up cocaine has the potential to cause severe increases in heart rate and blood pressure. Each drug alone produced cardiovascular effects. When they were combined, the effects were greater and lasted longer. The heart beat of the subjects in the study increased 29 beats per minute with marijuana alone and 32 beats per minute with cocaine alone. When the drugs were given together, the heart rate increased by 49 beats per minute and persisted for a longer time. The drugs were given with the subjects sitting quietly. In normal circumstances, an individual may smoke marijuana and inject cocaine and then do something physically stressful that may significantly increase risks of overload to the cardiovascular system.

### Effects on Reproduction in Women

The first controlled study in women on the acute effects of marijuana has shown that smoking a single marijuana cigarette after ovulation decreases the plasma level of one of the hormones essential for normal reproductive functioning. The luteinizing hormone is essential for normal reproductive functioning. The luteinizing hormone is essential for implantation of the fertilized egg in the uterus. A single dose of marijuana during the luteal phase of the menstral cycle suppressed the level of the hormone, suggesting the possibility that chronic use of marijuana may adversely affect reproductive functioning in women.

## Additional Research Advances

### Marijuana Found in Blood of Accident Victims

A study recently examined 1,023 trauma patients admitted to the shock trauma unit at the Maryland Institute for Emergency Medical Services in Baltimore. This unit received only the most serious injured accident victims directly from the scene of the injury. This study found that one-third of all admitted patients had detectable levels of marijuana in their blood, indicating use of marijuana within two to four hours prior to admission to the unit. The study also found that four of every ten persons 30 years or younger were under the influence of marijuana at the time of the accident.

### Adults Using Marijuana Heavily Fail to Confront Problems

A series of in-depth case studies by a research team at the Center for Psychosocial Studies in New York City found that adults who smoked marijuana daily believed it helped them function better, improving self-awareness and relationships with others. In reality, the drug served as a buffer enabling users to tolerate problems, rather than make changes that might increase their satisfaction with life. The study indicated that these subjects used marijuana to avoid dealing with their difficulties and the avoidance inevitably made their problems worse. The most striking observation is the discrepancy between what study participants say and what is actually going on. Although users believed the drug enhanced understanding of themselves, it actually served as a barrier against self awareness.

STUDENT HANDOUT:

# EFFECTS OF MARIJUANA ON THE BODY

*DIRECTIONS:*
**Explain how marijuana affects each of these body systems or organs.**

LUNGS ______________________________

______________________________

BRAIN ______________________________

______________________________

HEART ______________________________

______________________________

IMMUNE SYSTEM ______________________________

______________________________

REPRODUCTIVE SYSTEM ______________________________

______________________________

Extra Credit:
Complete the chart using other substances such as cocaine, heroine, alcohol, etc.

## READING

### SUBJECT OBJECTIVE

Students will determine stated cause and effect of an action.

### PREVENTION OBJECTIVE

Students will classify objects in the household as harmful if inappropriately used.

### Materials/Resources:

1. Blackboard/chalk, or chart paper/marker.
2. Poster paper, scissors, glue and magazines.
3. "Just the Facts: Tobacco, Alcohol, Inhalents, Psychoactive Drugs, Eating Disorders."
4. Teacher Background Information "Household Hazards".
5. Teacher Background Information "Possible Effects".

### Procedure/Activities:

1. Brainstorm list of items in the household which could be harmful. See background information for the teacher for a sample.
2. Categorize items by use or type of misuse.
3. Discuss use/abuse and possible effects.
4. Develop posters/charts showing various characteristics that arose from the discussion. For example, the effects and uses (positive and negative) could be in a collage of pictures of household items clipped from magazines.

### Extension Activities

Develop a word search from first list generated in the brainstorming activity.

Make flashcard game with vocabulary to be emphasized and various characteristics discussed.

Include science module on Precautions of Using Over the Counter Drugs.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What about the activity surprised me? What did I learn about myself? What will I try to change?

Subject objective can be correlated to Exceptional Education IEP objective.

## Teacher Background Information 1

## HOUSEHOLD HAZARDS

| | |
|---|---|
| 1. coffee | food/stimulant |
| 2. tea | food/stimulant |
| 3. sugar | food/stimulant |
| 4. beer | alcohol |
| 5. wine | alcohol |
| 6. liquor | alcohol |
| 7. tobacco (cigars, snuff, cigarettes) | nicotine/stimulant |
| 8. Prescriptions | drugs |
| 9. Over the Counter Medications | |
| a. aspirin | drug |
| b. cough syrup | alcohol/chemicals |
| c. diet pills | chemical |
| 10. Cleaning items | |
| a. cleanser | chemical/inhalant |
| b. window cleaner | chemical/inhalant/alcohol |
| c. bug spray | inhalant |
| 11. nail polish | inhalant |
| 12. paint thinner | inhalant |
| 13. glues | inhalant |
| 14. gasoline | inhalant |
| 15. soda w/caffeine | food/stimulant |
| 16. bleach | chemical/inhalant |
| 17. detergents | chemical/inhalant |

## Teacher Background Information 2

## POSSIBLE EFFECTS

### Food (stimulant)

*Possible Effects*
headaches, rashes, hyperactivity, depression, increased blood pressure, increased heart rate, upset stomach, heart burn

*Possible Long Term Effects*
May lead to eating disorders such as obesity, anorexia, and/or bulimia (for more specific information see Eating Disorders, Educational Newsletter included).

### Nicotine (stimulant)

*Possible Effects*
breathing difficulties, fatigue, high blood pressure, decrease in appetite, smell like smoke, have smoker's breath

*Possible Long Term Effects*
dependency, lung cancer, heart attack, respiratory cancers of the mouth, larynx, esophagus.
Can be a gateway to illicit drug use.

### Alcohol (depressant)

*Possible Effects*
loss of coordination, sleepiness, sense of relaxation

*Possible Long Term Effects*
disorientation, depression, total loss of coordination, nausea, blackouts, dependency, various physical deterioration which is not reversible, disease of alcoholism (for more specific information see Alcohol, Educational Newsletter included).

### Inhalants (glues, solvents, cleaners, gasoline, aerosols)

*Possible Effects*
effects are similar to anesthetics, low dose may cause slight stimulation, lightheaded, giddy, nausea, chest pains, loss of appetite

*Possible Long Term Effects*
weight loss, damaged to blood, liver, kidneys, and bone marrow, violent behavior, heart failure, suffocation (for more specific information see Inhalants, Educational Newsletter included)

# LANGUAGE ARTS

## OUTLINE FORM

### SUBJECT OBJECTIVE

Students will demonstrate knowledge through use of simple outline form.

### PREVENTION OBJECTIVE

Students will learn four basic drug classification areas and identify two or more drugs in each category.

### MATERIALS / RESOURCES

1. Student Handout: "Four Classifications of Drugs."
2. Teacher Background Information: Depressants, Cocaine and Other Stimulants, Narcotics and Hallucinogens.
3. Teacher copy: Simple Outline Form.

### PROCEDURES / ACTIVITIES

1. Teacher introduces the Four Classification areas of drugs to class, discussing characteristics of each area.
2. Teacher and students compile a list of drugs in each classification area.
3. Teacher instructs students in preparation of simple outline form.
4. Students will then make an outline using the four drug classification areas, with two or more examples in each area.

### EXTENSION ACTIVITIES

Students can research other drug classification areas and make outlines for additional areas identified.

Students can work in cooperative groups to share their knowledge and produce a new, larger outline with all group members' ideas.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions: What about this activity surprised me? What did I learn? What was I thinking during this lesson?

Subject objective can be correlated to Exceptional Education I.E.P. Objectives.

# FOUR CLASSIFICATIONS OF DRUGS

### 1. Depressants

Depressants slow down or depress the nervous system. Example depressants are valium and alcohol.

### 2. Stimulants

Stimulates/excites the nervous system, making it speed up. Example stimulants are cocaine and speed.

### 3. Narcotics

Narcotics initially produce a feeling of happiness that is often followed by a sick feeling. Narcotics are often used for the relief of pain. Example narcotics are codeine and morphine.

### 4. Hallucinogens

Hallucinogens produce a mixture of effects including strange visions. Example hallucinogens include L.S.D. and P.C.P.

## Simple Outline Form--Classification of Drugs

I. Depressants
  A. Definition
  B. Examples

II. Stimulants
  A. Definition
  B. Examples

III. Narcotics
  A. Definition
  B. Examples

IV. Hallucinogens
  A. Definition
  B. Examples

# DEPRESSANTS

(slow down the nervous system)

Effects

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Note: Alcohol is a depressant too.

| Type | What is it called? | What does it look like? | How is it used? |
|---|---|---|---|
| Barbiturates | Downers<br>Barbs<br>Blue devils<br>Red devils<br>Yellow jackets<br>Yellows<br>Nembutal<br>Seconal<br>Amytal<br>Tuinals | Red, yellow, blue, or red and blue capsules | **Taken orally** |
| Methaqualone | Quaaludes<br>Ludes<br>Sopors | Tablets | **Taken orally** |
| Tranquilizers | Valium<br>Librium<br>Equanil<br>Miltown<br>Serax<br>Tranxene | Tablets<br>Capsules | **Taken orally** |

# OTHER STIMULANTS

(excite the nervous system)

Effects

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headaches, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

| **Type** | **What is it called?** | **What does it look like?** | **How is it used?** |
|---|---|---|---|
| Amphetamines | Speed<br>Uppers<br>Ups<br>Black beauties<br>Pep pills<br>Copilots<br>Bumblebees<br>Hearts<br>Benzedrine<br>Dexedrine<br>Footballs<br>Biphetamine | Capsules<br>Pills<br>Tablets | **Taken orally**<br>**Injected**<br>**Inhaled through nasal passages** |
| Methamphetamines | Crank<br>Crystal meth<br>Crystal methedrine<br>Speed | White powder<br>Pills<br>A rock that resembles a block of paraffin | **Taken orally**<br>**Injected**<br>**Inhaled through nasal passages** |
| **Additional stimulants** | Ritalin<br>Cylert<br>Preludin<br>Didrex<br>Pre-State<br>Voranil<br>Tenuate<br>Tepanil<br>Pondimin<br>Sandrex<br>Plegine<br>Ionamin | Pills<br>Capsules<br>Tablets | **Taken orally**<br>**Injected** |

# COCAINE

Effects

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within ten seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

| Type | What is it called? | What does it look like? | How is it used? |
|---|---|---|---|
| Cocaine | Coke<br>Snow<br>Flake<br>White<br>Blow<br>Nose candy<br>Big C<br>Snowbirds<br>Lady | White crystalline powder, often diluted with other ingredients | **Inhaled through nasal passages** |
| Crack | Freebase rocks<br>Rock | Light brown or beige pellets -or crystalline rocks that resemble coagulated soap; often packaged in small vials | **Smoked** |

# NARCOTICS

Effects

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

| Type | What is it called? | What does it look like? | How is it used? |
|---|---|---|---|
| Heroin | Smack<br>Horse<br>Brown sugar<br>Junk<br>Mud<br>Big H<br>Black Tar | Powder, white to dark brown<br>Tarlike substance | **Injected**<br>**Inhaled through nasal passages**<br>**Smoked** |
| Methadone | Dolophine<br>Methadose<br>Amidone | Solution | **Taken orally**<br>**Injected** |
| Codeine* | Empirin compound with codeine<br>Tylenol with codeine<br>Codeine<br>Codeine in cough medicines | Dark liquid varying in thickness<br>Capsules<br>Tablets | **Taken orally**<br>**Injected** |
| Morphine* | Pectoral syrup | White crystals<br>Hypodermic tablets<br>Injectable solutions | **Injected**<br>**Taken orally**<br>**Smoked** |
| Meperidine | Pethidine<br>Demerol<br>Mepergan | White powder<br>Solution<br>Tablets | **Taken orally**<br>**Injected** |
| Opium | Paregoric<br>Dover's powder<br>Parepectolin | Dark brown chunks<br>Powder | **Smoked**<br>**Eaten** |
| Other narcotics | Percocet<br>Percodan<br>Tussionex<br>Fentanyl<br>Darvon<br>Talwin<br>Lomotil | Tablets<br>Capsules<br>Liquid | **Taken orally**<br>**Injected** |

* Sometimes used for the relief of pain

# HALLUCINOGENS

(cause strange visions)

Effects

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders--depression, anxiety, and violent behavior--also occur. In later states of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

| **Type** | **What is it called?** | **What does it look like?** | **How is it used?** |
|---|---|---|---|
| Phencyclidine | PCP*<br>Angel dust<br>Loveboat<br>Lovely<br>Hog<br>Killer weed | Liquid<br>Capsules<br>White crystalline powder<br>Pills | **Taken orally**<br>**Injected**<br>**Smoked--can be sprayed on cigarettes, parsley, and marijuana** |
| Lysergic acid diethylamide | LSD*<br>Acid<br>Green or red dragon<br>White lightning<br>Blue heaven<br>Sugar cubes<br>Microdot | Brightly colored tablets<br>Impregnated blotter paper<br>Thin squares of gelatin<br>Clear liquid | **Taken orally**<br>**Licked off paper**<br>**Gelatin and liquid can be put in the eyes** |
| Mescaline and Peyote | Mesc<br>Buttons<br>Cactus | Hard brown discs<br>Tablets<br>Capsules | **Discs--chewed, swallowed, or smoked**<br>**Tablets and capsules - taken orally** |
| Psilocybin | Magic mushrooms<br>'shrooms | Fresh or dried mushrooms | **Chewed and swallowed** |

# LANGUAGE ARTS

## SPELLING

### SUBJECT OBJECTIVE

Students will spell with 90% accuracy 10 spelling words dealing with drugs and define simple meaning of the spelling words.

### PREVENTION OBJECTIVE

Student will recognize terminology used in association with alcohol and other drugs and define harmful effects of substance abuse.

### MATERIALS / RESOURCES:

1. Cursive writing sheets (4 per week).
2. Student Handout: Work sheets A-E.
3. "Word Bank" to hold slips of correctly spelled words.

### PROCEDURE / ACTIVITIES:

1. Cursive writing sheet daily (at beginning of class).
2. Work sheets A-E (1 per day).
3. Recite and spell words daily as a group.
4. Define words daily.
5. Spelling bee on Thursday.
6. Practice spelling test on Thursday.
7. Discuss daily the effects of substance abuse.

### EXTENSION ACTIVITIES

Depending on the level of the students, you can have the class write sentences of their own using spelling words.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What did I learn about myself? What will I start or stop doing after this experience?

Subject objective can be correlated to the Exceptional Education I.E.P. objective.

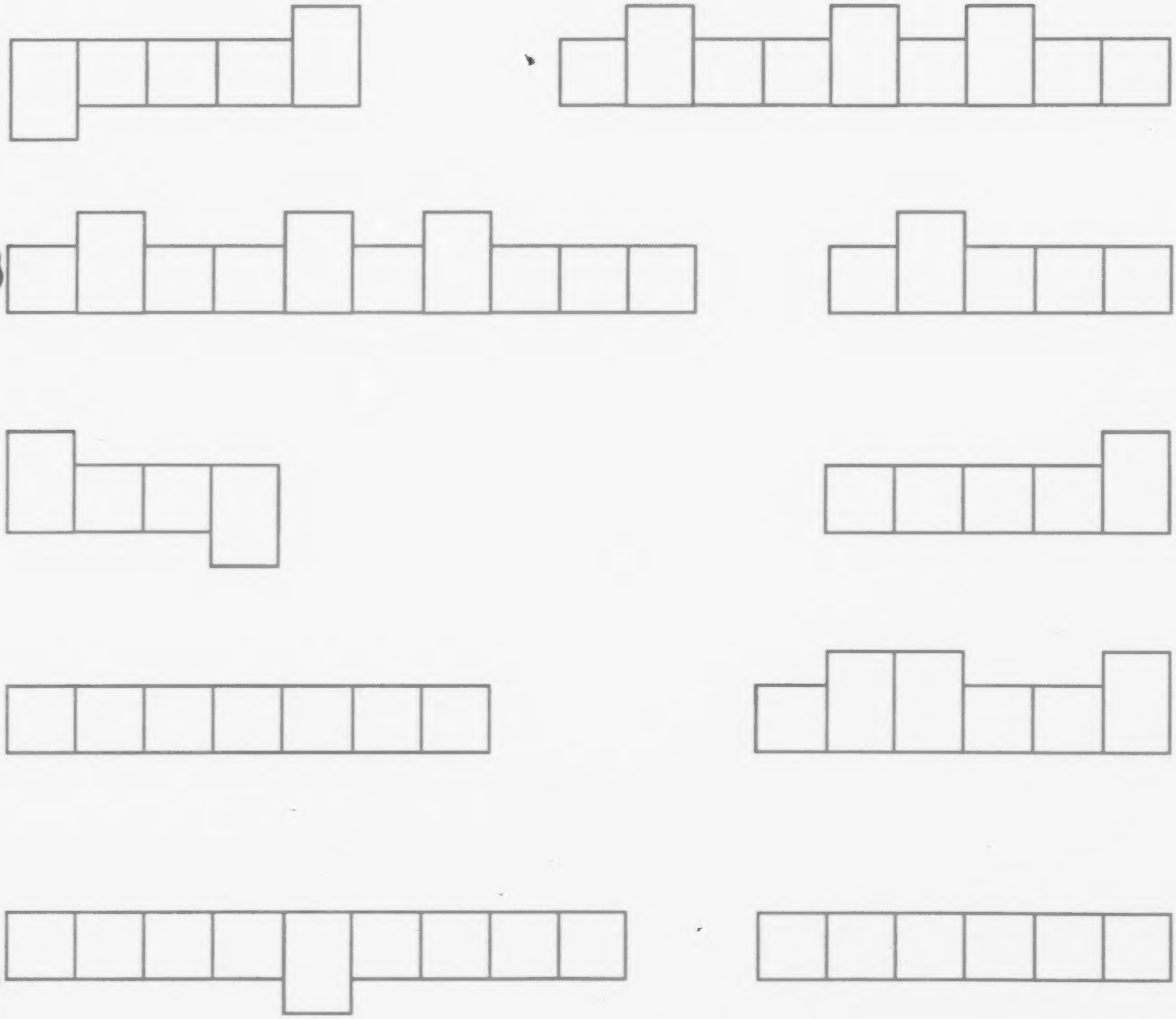
WORD BANK: Slips of paper are used with each correctly spelled word from the particular week. Students keep the correct words in the bank and can watch progress. If the student makes 90%-100% on the practice test, he/she does not have to take the test on Friday.

This spelling unit can be used continuously having 1 or 2 substance abuse word per week.

## Worksheet A

alcoholism
drug
crack
misuse
alcoholic
abuse
joint
marijuana
cocaine
addict

FILL IN THE BOXES



## Worksheet B

TELL HOW MANY LETTERS ARE IN EACH WORD:

alcoholism ________
alcoholic ________
marijuana ________
drug ________
abuse ________
cocaine ________
crack ________
joint ________
addict ________
misuse ________

UNSCRAMBLE THESE WORDS

1. aniccoe ______________
2. gdur ______________
3. aaamijunr ______________
4. ccllooahi ______________
5. akcrc ______________
6. sbeua ______________
7. chollisamo ______________
8. njoti ______________
9. ctidad ______________
10. ssueim ______________

## Worksheet C

MATCH THESE WORDS:

alcoholism
alcoholic
marijuana
drug
abuse
cocaine
crack
joint
addict
misuse

DRUG
CRACK
JOINT
ALCOHOLIC
ADDICT
MISUSE
COCAINE
MARIJUANA
ALCOHOLISM
ABUSE

## Worksheet D

PUT THESE WORDS IN ALPHABETICAL ORDER.

misuse
addict
joint
crack
cocaine
abuse
drug
marijuana
alcoholic
alcoholism

FILL IN THE MISSING LETTERS.

1. a__ c__ h__ l__ s__

2. __ i__ u__ e

3. c__ c__i__ e

4. j__ i__ t

5. m__ r__ j__ a__ a

6. d__ u__

7. a__ u__ e

8. a__ c__ h__ l__ c

9. __d__ i__ t

10. __r__ c __

## Worksheet E

### CHOOSE THE CORRECT WORD.

1. (Alcohallism, Alcoholism) is a treatable disease.
2. A normal working person can be an (alcoholic, alcohalic).
3. It takes one month to get (marijuana, merijuanna) out of your body.
4. A (drug, druk) is something taken into the body that may change the body's functioning.
5. Taking a drug for other than a medical reason is called (abuss, abuse).
6. (Cocaine, Cocane) is found in powder form.
7. A form of Cocaine is called (Crak, Crack).
8. A (joint, join) looks like a cigarette.
9. Someone who is on a drug and cannot quit on their own is called an (addict, adick).
10. Taking a drug that was not prescribed for you is called drug (missues, misuse).

### PICK OUT YOUR SPELLING WORDS.

1. Cocaine is a very dangerous drug.
2. Crack can cause blindness.
3. People smoke joints.
4. An addict will do anything for drugs.
5. People should never misuse drugs.
6. Millions of dollars each year are spent on alcoholism.
7. An alcoholic can be a man or a woman.
8. Marijuana makes a person's heart beat very fast.
9. Taking drugs can cause you to lose friends.
10. Substance abuse can lead to Jail.

*Word Bank*

________________

**Spelling Word**

**Student:**

*Word Bank*

________________

**Spelling Word**

**Student:**

---

*Word Bank*

________________

**Spelling Word**

**Student:**

*Word Bank*

________________

**Spelling Word**

**Student:**

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*Word Bank*

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**Spelling Word**

**Student:**

*Word Bank*

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**Spelling Word**

**Student:**

# PROGRESS OF ALCOHOLISM

## SUBJECT OBJECTIVE

Students will explain a sequential process, draw conclusions, and predict outcomes.

## PREVENTION OBJECTIVE

Students will be able to state that alcohol and other drug use occurs on a continuum (i.e. abstinence, use, experimentation, abuse, dependency).

## MATERIALS/RESOURCES

1. Student handouts: "My Life At Birth", "My Future Without AOD", "My Future With AOD".
2. Teacher Background Information : " The Progression and Recovery of the Alcoholic."

## PROCEDURES/ACTIVITIES

1. Class discussion of definition of time line (i.e. progression of events in a chronological order).
2. Students will draw pictures of their life from birth until present. (Handout: My Life At Birth).
3. Students will draw pictures of their future without alcohol and other drugs. (Handout: My Future Without Alcohol / Drugs).
4. Students will draw pictures of their future with alcohol and other drugs. (Handout: My Future With Alcohol / Drugs).
5. Through discussion, students will draw conclusions of their life with alcohol / other drugs compared to life without AOD.
6. Teacher presents handout to discuss continuum of alcohol / drug use.

## EXTENSION ACTIVITIES

Role play progression of life with/without AOD.

Grade level
7

**Teacher Tips:**

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn from this activity? What information learned from this activity surprised me?

Subject Objective can be correlated to Exceptional Education IEP objectives.

Teacher models own time - line example.

Discussion would facilitate a cooperative learning activity.

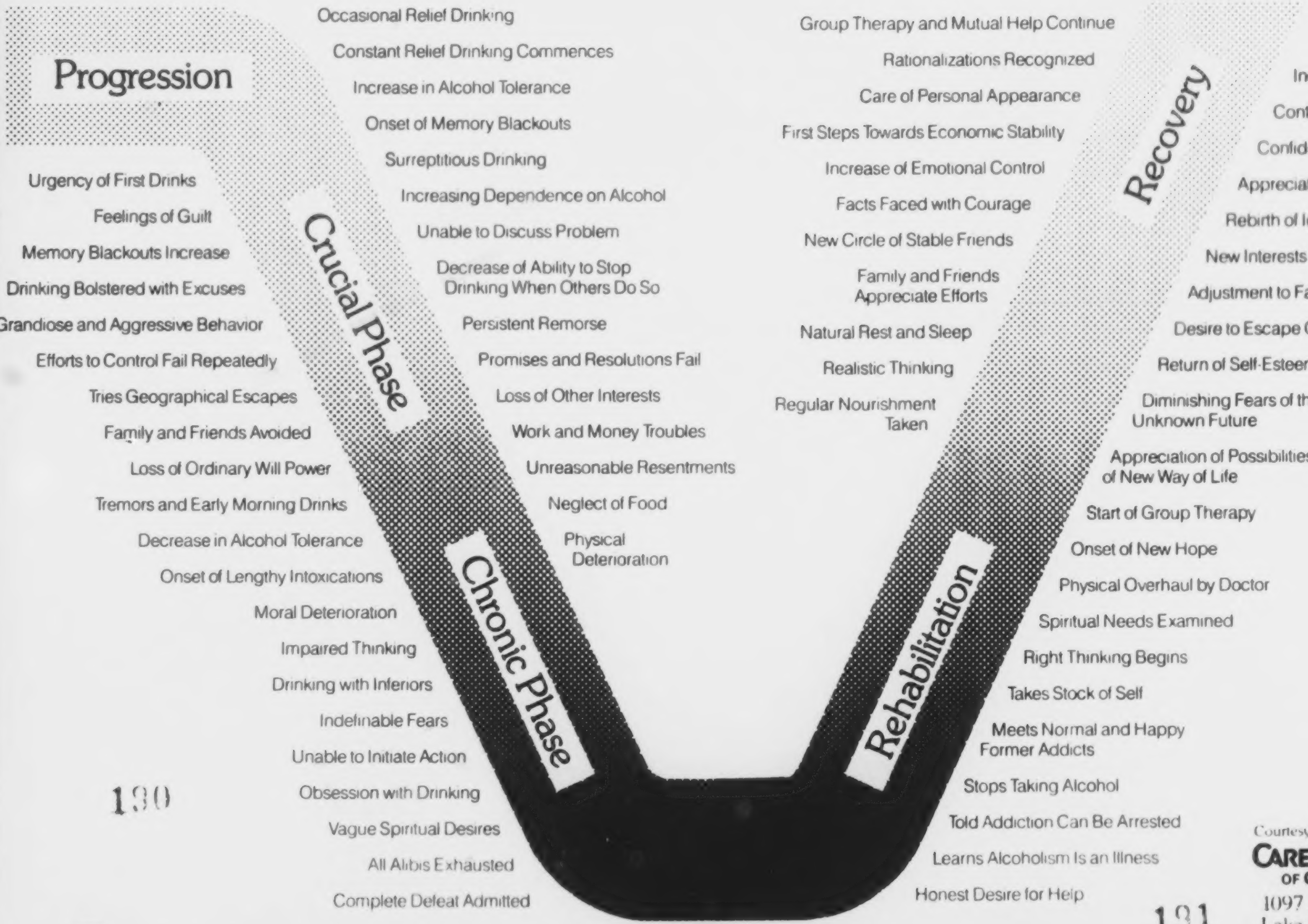
|  |  |  |
|---|---|---|
| **MY LIFE AT BIRTH ...** |  |  |
|  |  | **MY LIFE TODAY ...** |

| | | |
|---|---|---|
| **MY FUTURE WITHOUT ALCOHOL AND OTHER DRUGS** | | |
| | | |

## MY FUTURE WITH ALCOHOL AND OTHER DRUGS

# The Progression and Recovery of the Alcoholic in the Disease of Alcoholism

*To be read from left to right.*



Occasional Relief Drinking
Constant Relief Drinking Commences
Increase in Alcohol Tolerance
Onset of Memory Blackouts
Surreptitious Drinking
Urgency of First Drinks
Increasing Dependence on Alcohol
Feelings of Guilt
Unable to Discuss Problem
Memory Blackouts Increase
Decrease of Ability to Stop Drinking When Others Do So
Drinking Bolstered with Excuses
Persistent Remorse
Grandiose and Aggressive Behavior
Promises and Resolutions Fail
Efforts to Control Fail Repeatedly
Loss of Other Interests
Tries Geographical Escapes
Work and Money Troubles
Family and Friends Avoided
Unreasonable Resentments
Loss of Ordinary Will Power
Neglect of Food
Tremors and Early Morning Drinks
Physical Deterioration
Decrease in Alcohol Tolerance
Onset of Lengthy Intoxications
Moral Deterioration
Impaired Thinking
Drinking with Inferiors
Indefinable Fears
Unable to Initiate Action
Obsession with Drinking
Vague Spiritual Desires
All Alibis Exhausted
Complete Defeat Admitted

Obsessiv[illegible]king Continues in[illegible]s Circles

Honest Desire for Help
Learns Alcoholism Is an Illness
Told Addiction Can Be Arrested
Stops Taking Alcohol
Meets Normal and Happy Former Addicts
Takes Stock of Self
Right Thinking Begins
Spiritual Needs Examined
Physical Overhaul by Doctor
Onset of New Hope
Start of Group Therapy
Appreciation of Possibilities of New Way of Life
Regular Nourishment Taken
Diminishing Fears of the Unknown Future
Realistic Thinking
Return of Self-Esteem
Natural Rest and Sleep
Desire to Escape Goes
Family and Friends Appreciate Efforts
Adjustment to Family Needs
New Interests Develop
New Circle of Stable Friends
Rebirth of Ideals
Facts Faced with Courage
Appreciation of Real Values
Increase of Emotional Control
Confidence of Employers
First Steps Towards Economic Stability
Contentment in Sobriety
Care of Personal Appearance
Increasing Tolerance
Rationalizations Recognized
Group Therapy and Mutual Help Continue
Enlightened and Interesting Way of Life Opens Up with Road Ahead to Higher Levels than Ever Before

Courtesy of
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## FACT/FICTION

### SUBJECT OBJECTIVE

Students will distinguish between fact and opinion in advertisement.

### PREVENTION OBJECTIVE

Students will list specific advertising techniques used to advertise alcohol and other drugs.

### MATERIALS / RESOURCES

1. Teacher Background Information: "Just the Facts...Inhalants."
2. Magazine advertisements for tobacco and alcohol products.
3. Magazines.

### PROCEDURES / ACTIVITIES

1. Cooperative groups examine advertisements looking for sale tactics (possessing the image of "use our product and you'll be rich, beautiful, fall in love, etc."). Record words or symbols and then cross out the ones that are not facts.
2. Groups are to write their opinion(s) of why advertisers use these tactics.
3. Groups share the number of tactics and how many were not facts. Groups also share their opinions. Teacher records their opinions on the board or overhead.
4. Groups create a poster using factual images (from pictures cut from magazines) depicting the joys of a drug-free life. Groups can also write slogans for their advertisements.
5. Highlight an advertisement each week on a bulletin board.

### EXTENSION ACTIVITIES

Students could study commercials from T.V. and produce their own commercial if equipment (camcorder, studio, etc.) is available.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn by doing this activity? What did I learn about myself?

Subject objective can be correlated to Exceptional Education IEP objective.

Images of Advertising

1.
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31.
32.
33.
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37.
38.

Group # ______ Student Name______________________________

| Magazine | Product | People in Ads: |  | Lifestyle | Emotions Displayed |
|---|---|---|---|---|---|
|  |  | Age | Income |  |  |
|  |  |  |  |  |  |

# *TRUTH and CONSEQUENCES*

**Answer the following questions by circling True or False.**

| | | |
|---|---|---|
| 1. An Alcoholic is someone who: | | |
| a. drinks too much once in a while. | T | F |
| b. usually can't stop drinking once he or she starts. | T | F |
| c. has problems because of his or her drinking. | T | F |
| 2. It's impossible for someone to become an alcoholic by drinking just beer. | T | F |
| 3. Most alcoholics have jobs and live with families. | T | F |
| 4. Almost all alcoholics are men; there are very few women alcoholics. | T | F |
| 5. Alcoholics are usually people who, if they wanted to, could easily "pull themselves together" and stop drinking without outside help. | T | F |
| 6. Most alcoholics are skid row bums. | T | F |
| 7. There are many more alcoholics in this country than hard drug addicts. | T | F |
| 8. Once a person becomes an alcoholic, it's too late to help him or her. | T | F |
| 9. People who live with alcoholics can't have a normal life. | T | F |
| 10. People from all walks of life have alcoholism. | T | F |

## COMMUNICATIONS

### SUBJECT OBJECTIVE

Students will be able to identify and delineate the objectives of commercial advertisements.

### PREVENTION OBJECTIVE

Students will be able to delineate the effects of alcohol abuse.

### MATERIALS / RESOURCES:

1. Advertisement from Magazine.
2. (optional) Tape of TV commercial.
3. Handout : "Just the Facts . . Alcohol"
4. (optional) See inserts.

### PROCEDURE / ACTIVITIES:

1. Show commercial following unit on methods employed within commercial advertising.
2. Have students list values (value set) and emotions underscored in commercial.
3. Have students analyze subliminal pairing of values with the drinking of alcohol.
4. Have students read article on effects of alcohol abuse.
5. Draw conclusions.

### EXTENSION ACTIVITIES:

Analysis of qualities of attractive commercials.

Have students delineate problems of problem drinking and alcoholism.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate infusion prevention. Suggested questions: What did I learn? What did I learn about myself? What will I start or stop doing after this experience?

Subject objective can be correlated to the Exceptional Education I.E.P. objective.

Start lesson with popular commercial.
Set up lesson within communications unit of similar unit.

## ASSERTIVENESS TRAINING

### SUBJECT OBJECTIVE

Students will demonstrate alternative behaviors for given situations.

### PREVENTION OBJECTIVE

Students will demonstrate assertiveness techniques to resist pressures to use drugs.

### MATERIALS / RESOURCES

1. Crayons, markers, pens, pencils, oak tag, paper.
2. Teacher Background Information: "Assertiveness Training".

### PROCEDURES / ACTIVITIES

1. Pre-activity discussion of idea of right and wrong and of assertive techniques.
2. Students are divided into small cooperative groups. The group develops a story for Big Book on assertiveness techniques.
3. Each group will take a story and transpose it to Big Book.
4. Each group will illustrate their book.
5. Each group will read/share Big Book with other groups.

### EXTENSION ACTIVITIES

Present Big Book to other classes.

Present Big Book to younger, elementary students.

View videos listed as resources on "Assertiveness Training".

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn about myself? What pleased me about this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Teacher needs working knowledge of assertiveness techniques (see Teacher Information page).

TEACHERS BACKGROUND INFORMATION

# ASSERTIVENESS TRAINING

## 1. Discussion Tips

a. Do what will make you feel good about yourself?
b. Decisions have consequences - you have to live with the consequences of your actions.
c. If it feels wrong or uncomfortable - it probably is - **Don't Do It.**

## 2. Assertiveness Techniques

a. State the position immediately
b. Repeat your position - stick to it - give no reason or excuse.
c. Take the offensive - be clear and concise - put pressure on the other person.
d. End the conversation, count to 5, then leave/or devise alternative plan.

## RESOURCES

Video tapes available from Sunburst Communications, Dept. AW,
39 Washington Ave., Pleasantville, N.Y. 10570

1. Drugs - Your friends and You: Handling Peer Pressure

2. Be Your Best Self: Assertiveness Training

Book available from Avon Book, The Hearst Corp., 105 Madison Ave., N.Y. 10016

Not My Kid by Beth Polson and Miller Newton

## INFERENCE AND IMPLIED MEANING

### SUBJECT OBJECTIVE

Students will analyze and interpret printed advertisements.

### PREVENTION OBJECTIVE

Students will be able to identify/determine the implied meaning in advertisements as they correlate to alcohol and tobacco use/abuse.

### MATERIALS / RESOURCES

1. Collection of various magazine advertisements, newspaper advertisements, or television advertisements.

### PROCEDURES / ACTIVITIES

1. General discussion on advertisements.
2. Compile samples of various advertisements.
3. Classify advertisements into categories.
4. Analyze/infer the target audience and implied message.

### EXTENSION ACTIVITIES

Make a collage.

Critique the advertisement.

Create an advertisement for an opposing view.

Develop an advertisement for an imaginary product.

Write a commercial script for role play.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What pleased me about the experience? How am I going to be different after this experience? What will I try to change?

Subject objective can be correlated to Exceptional Education IEP objective.

Possible discussion held on social or ethnic stereotypes that are targeted in advertising, which may stimulate sensitive issues.

# CODE OF CONDUCT

## SUBJECT OBJECTIVE

Students will write a paragraph that describes person/place/thing/idea.

## PREVENTION OBJECTIVE

Students will identify reasons to respect laws and rules prohibiting alcohol and other drugs.

## MATERIALS/RESOURCES

1. Newspaper articles.
2. Copy of your school's Code of Conduct.
3. Copies of interview sheet.

## PROCEDURES/ACTIVITIES

1. Class will discuss school rules on AOD.
2. Working in small cooperative learning groups of 2 or 3, students will write short articles for a 1-2 page newspaper.
3. Students will interview school personnel, such as principal, secretaries, teachers or other students about school rules and consequences.
4. Organize articles to resemble the front page of a newspaper with columns and headlines.

## EXTENSION ACTIVITIES

Print the front page of your newspaper and distribute throughout the school. Students can do follow up interviews on the reactions of school personnel and other students.

Grade level

7

## Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What pleased me about this activity? What will I do differently now?

Subject objective can be correlated to Exceptional Education IEP objective.

Students could practice computer skills by writing their articles on the computer using "Magic Slate".

# Code of Student Conduct

## Background Information for Teachers
## Level I
## Infractions
(Minor acts of misconduct)

A. Cheating: Using another person"s work and calling it your own. Using notes or other methods, without the teacher"s knowledge, to complete a test or assignment.

B. Classroom Disruption: saying or doing something that keeps the teacher from teaching or other students from learning.

C. Disorderly Conduct: Saying or doing something that upsets the normal school day or any school activity.

D. Disrespect for Others: Saying or doing something that puts down, annoys, insults or embarrasses a person or a group of people.

E. Dress Code: Wearing anything that does not follow the dress code for your school.

F. Failure to Report for Detention: Not showing up for detention.

G. False and/or Misleading Information: Telling lies, or refusing to tell the truth about important matters, to members of the school staff.

[illegible]. Insubordination: Refusing to follow or not following the directions of any of the school staff. Breaking school rules, classroom rules, or behavior contracts.

I. Misconduct on School Bus or School Approved Transportation: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of others.

J. Profane, Obscene or Abusive Language/Materials: Using words, gestures, pictures, or objects including racial slurs that are not acceptable at school and/or upset the normal school day or any school activity.

K. Tardiness: Being late for school or class too often. (More than once a week).

L. Unauthorized Absence from School or Class: Being absent from school or class without a written excuse from a parent or a doctor.

M. Repeated Misconduct: Breaking one or more of the above rules over and over again.

N. Other: Saying or doing things other than those listed above.

## Level I
## How the Principal May Respond:

1. Contact your parents.
2. Talk with you about your behavior.
3. Assign special project or work.
4. Withdraw privileges.
5. Make you pay for or replace damaged property.
6. Make you stay after school. (Parental contact required).
7. Make a plan for you to follow with consequences.
8. Refer you to Level II.

## Level II
## Infractions

(Intermediate acts of misconduct)

A. Fighting/Threats - Fighting with another student; saying or doing something that threatens to hurt others.

B. Destruction of Property/Vandalism (under $10.00): Breaking or destroying things that belong to the school or to another person.

C. Gambling: Betting on games or activities for money or other valuables.

D. Insubordination/Open Defiance: Strongly refusing to follow school rules or directions from the school staff.

E. Intimidation: Making threats to hurt others or their property.

F. Misconduct on School Bus: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of other bus riders.

G. Stealing (under $10.00): Taking, without permission, the property of others.

H. Unauthorized Assembly, Publications, etc.: Holding meeting or passing out materials to other students, without permission, that upset the normal school day or any school activity

[illegible] Other Misconduct or Repeated Misconduct of a Less Serious Nature: Saying or doing something that upsets the normal school day or school sponsored activity or repeating a Level I Infraction

J. Forgery: Writing a note or other written communication with the intent of misleading a staff member.

K. Other Serious Misconduct: Saying or doing things other than those listed above.

## Level II
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a contract/plan for you to follow.
3. Paddle you.
4. Remove you from you class and assign you to other activities or jobs at the school.
5. Assign you special work jobs at the school (cleaning up etc).
6. Make you stay after school (Parental contact required).
7. Take away and not return thing you have brought to school.
8. Remove you from the bus for up to ten days.
9. Make up a plan for you to follow, with consequences.
10. Assign you to Alternative Education.
11. Refer you to Level III.

## Level III
## Infractions
(Major acts of misconduct)

A. Alcohol: Having or using alcohol, drugs, drug-related materials, or anything that changes mood or behavior.

B. Drugs: having or using any of the above beyond a doctor's prescribed amount. May be considered Level IV offense. Automatically becomes a Level IV offense with the second violation. Possession of cocaine or other substances in which possession is a felony offense.

C. Assault/Battery (Fighting): Touching or hitting another student against his or her will.

D. Breaking and Entering: Unlawfully and forcefully entering or trying to enter school, school personnel property or student property.

E. Destruction of Property/Vandalism (over $10.00): Breaking or destroying things that belong to the school or to another person.

F. Extortion/Threats: Making threats to hurt others, their reputations, or their property, in order to obtain money, information, or help from them.

G. Firecrackers/Fireworks: Having or using fireworks or firecrackers at school or at a school activity.

H. Gross Insubordination/Open Defiance: Strongly refusing to do as told by the school staff. Saying or doing something that shows you will not follow any directions.

I. Illegal Organizations: Belonging to or being a part of fraternities, sororities, or secret groups that are associated with school.

J. Smoking (and Other Use of Tobacco Products): Having, using, selling or giving to other students tobacco products at school or at a school activity.

[illegible]. Stealing (over $10.00): Taking without permission the property of others.

L. Trespassing: Entering or staying on school property or at a school activity after being told to leave by the school staff.

M. Possession of Contraband Material: Having, using, giving to others things not allowed at school such as: radios, tape decks, TV's, matches, lighters, ammunition, beepers, or stolen property. These forbidden things may be taken from you and not returned to you. Possession of a knife may be considered under this heading if there has been no threatening or intimidating display of the knife.

N. Violation of Curfew: Breaking curfew rules during school sponsored activity.

O. Felony suspension: Suspension from school until after a court appearance, if you are charged with a felony.

P. Repeated Misconduct of a More Serious Nature: Saying or doing something that upsets the normal school day, a school activity or repeating a Level II infraction.

Q. Other Serious Misconduct: Saying or doing things, including racial slurs, other than those listed above that upset the order of the school or a school activity.

## Level III
## How the Principal Might Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a written contract/plan for you to follow.
3. Assign you to a special program or school.
4. Remove you from the bus for up to 10 days (suspension).
5. Remove you from the school for up to 10 days (suspension).
6. Remove you from the bus for the rest of the school year (expulsion).
7. Remove you from the school for the rest of the school year (expulsion).
[illegible]. Restrict you from school-sponsored activities for some or all of the rest of the school year.
9. Refer you to a prevention or treatment program.
10. Refer you to Level IV.

# Level IV
## Infractions

(Major, serious acts of misconduct)

A. Alcohol: Selling or giving to other students alcohol, drugs, drug related materials, or anything that changes or is said to change mood or behavior.

B. Drugs: Same as above.

C. Arson: Setting a fire or trying to set fire to school property or the property of others.

D. Assault/Battery of Employees and Volunteers: Touching or hitting a member of the school staff or volunteer against his or her will.

E. Bomb Threats/Explosions: Threatening an explosion on school property, or at a school function. Having, preparing, or setting off explosives (including fireworks) on school property, or at a school function.

F. False Fire Alarm: Setting off a false fire alarm or reporting a false fire.

G. Inciting, Leading or Participating in a Major Student Disorder: Starting, leading or taking part in an activity that upsets a normal school day, any school activity, or results in damage/injury to others.

H. Robbery: Taking or trying to take the property of others by using force, violence or threats.

[illegible]. Sexual Offenses: Indecent exposure. Doing something to promote sexual favors or acts. Making sexual suggestions, physical or verbal, to others.

J. Weapons: Having or using anything that could do harm to another, such as: guns, knives, razors, clubs, explosives, and other chemical weapons.

K. Any Act which Substantially disrupts the Orderly Conduct of a School or a School Function: Doing anything that upsets a normal school day or threatens the safety of others at school.

L. Violation of Early Reentry Plan/Probation: Doing something that breaks the agreement made with the school for reentry from expulsion.

M. Repeated Misconduct of a More Serious Nature: Saying or doing things again that upset a normal school day or school function.

## Level IV
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Grades 6-12
   Remove you from school for ten days (suspension) and recommend that you be removed from school for at least one semester (expulsion).
   Grades K-5:
   Remove you from school for ten days (suspension ), write up a behavior contract and place you on probation for at least one semester. If you do not follow the contract while on probation, you will be expelled for at least one semester.

[illegible]. Remove you from school for at least one semester (expulsion).

4. Make up a written contract/plan for you to follow when you return to school from expulsion.

# GENERAL VOCABULARY

1. Code of Student Conduct - Rules of student behavior that the school expects you to follow.

2. Role - The way the school expects students to behave.

3. Student Rights - What is owed to you as a student.

4. Student Responsibilities - What you owe the school because of the rights you have been given.

5. School Staff - The people who work for the school. The principal, teachers, aides, secretary, cafeteria workers, custodian, bus drivers, etc.

6. Disciplinary Response Code - The consequences the principal will enforce if you break the rules.

7. Infraction - What will be considered breaking of school rules.

8. Misconduct - Behavior that results in an infraction of the rules.

9. Level, I, II, III or IV Infraction - How serious the school thinks your misbehavior is. The higher the number, the more serious the infraction and discipline response.

10. Behavior Contract - An agreement between you and a teacher, the principal and/or other school staff.

11. Expulsion - Removal of your right to attend school.

12. Suspension - Temporary removal of your right to attend school or your classes.

## WHAT WILL HAPPEN IF YOU BREAK THE SCHOOL RULES......

1. The member of the school staff who observes the behavior will report it to the school principal. You have the right to tell your side of the story.

2. The principal will determine the level of the behavior (Level I, II, III or IV) and decide upon the correct discipline.

3. The principal will then inform you of the consequences of your behavior.

4. If you are suspended for a total of ten days, or it is recommended that you be expelled, an educational planning conference (EPC) will be held.

5. If the members of the EPC committee (principal, counselor, teacher, school psychologist, area administrator, staffing specialist, you and your parents) feel that your behavior had nothing to do with your Learning Disability, the recommendation for expulsion will be sent to the School Board.

6. The School Board may expel you from school for at least one semester.

7. Your parents may ask the School board not to expel you.

8. If the School board decides to expel you from school, you will continue to receive SLD help, as required by your Individual Education Plan. This is usually done away from the school.

9. If you are expelled, your parents can request an early reentry to the school system.

10. If the committee feels an early reentry might be appropriate (because of your good behavior and interest in returning to school) a meeting will be held. A reentry plan will be written and you will be expected to agree to follow the plan.

11. If reentry plan is approved by the School board you will be allowed to reenter public school.

# CODE OF STUDENT CONDUCT

## Summary

This booklet tells you what the school expects of you, behavior that is not acceptable, and what will happen if you do not follow the school rules.

## The Role of the Student

The school expects you to:

1. Attend classes
2. Be prepared for classes
3. Be respectful of other
[illegible] Use acceptable language
5. Behave in a safe manner
6. Be clean and neat
7. Be responsible for your own work
8. Follow the rules of the school
9. Be a good citizen

## Student Rights and Responsibilities:

You will be treated fairly but you do have the responsibility to avoid misconduct in the school.

Name: ____________________________________________ Grade: __________

School: ____________________________________________________________

Prepared by Terry Click, SLD Program Consultant
February, 1984

## FUNCTIONAL LIVING SKILLS

### SUBJECT OBJECTIVE

Students will locate and use information in a telephone directory.

### PREVENTION OBJECTIVE

Students will list community recreation and other positive activities as alternatives to drug use.

### MATERIALS/RESOURCES

1. One telephone directory (yellow pages) for each small group.

### PROCEDURES/ACTIVITIES

1. Divide students into small, cooperative learning groups.
2. Each group will generate a list of positive activities as alternatives to drug use, i.e.: sports, movies, video games.
3. Groups will then use the "Yellow Pages" index to locate page number. Groups will locate the page and record the name and telephone number of the activity desired.

### EXTENSION ACTIVITIES

As a homework assignment, students can call and compare the cost of each activity.

Grade level
7

**Teacher Tips:**

Critical thinking will facilitate prevention infusion. Suggested questions:
What have I learned about myself from this activity? What will I do differently in the future?

Student objective can be correlated to Exceptional Education IEP objective.

## READING

### SUBJECT OBJECTIVE

Students will demonstrate reading comprehension and appropriate communication skills.

### PREVENTION OBJECTIVE

Students will generate several responses to given examples of peer pressure and peer group conflict.

### MATERIALS/RESOURCES

1. Student Handout: "Saying No to Beer".

### PROCEDURES/ACTIVITIES

1. Establish student prior knowledge by brainstorming about peer pressure.

2. Each student will read "Saying No to Beer."

3. After questioning for comprehension, role play the story using members of the class. Have students create several alternative situations and role play those. After each role play, have students evaluate how effectively they communicate.

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What pleased me about this activity? How am I going to be different following my experience with this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Options for reading assignment are: teacher read orally, students follow along; or students read orally in small cooperative groups.

# SAYING NO TO BEER

### by Catherine O. Neil

Last weekend Susan was invited to a party by some older kids on her block. "Come over on Saturday afternoon," they said. "We're going to watch a movie on our parent's VCR."

Susan thought the party sounded like fun. She admired the older kids, and wanted them to like her. She was happy that she had finally been invited to spend some time with them.

When Susan got to the party, she found out that no adults were home. A bunch of her friends were sitting around in the basement, making a lot of noise. They were watching the movie and drinking something out of big plastic cups. someone handed her a cup, and she discovered it was beer.

Suddenly Susan felt uncomfortable. She didn't really want to drink the beer. She knew her parents wouldn't want her to, and she knew that alcohol wasn't good for her. Besides, she hated the taste of beer. She had tried it at home, and she knew she didn't like it.

But Susan really wanted to be popular with her neighbors. After all, they were eighth graders, and she's only in seventh.

Have you ever been in a situation like the one Susan found herself in? If so, you know how confused she felt. She didn't want the drink - but she also didn't want her new friends to think she was just a little kid, or a goody-goody.

Even though Susan felt confused, she finally decided what to do. She remembered what she had learned when a counselor from a drug and alcohol center in her town had visited her classroom. The counselor had conducted a workshop to teach young people something she called "refusal skills." In other words, the counselor had taught Susan and her classmates ways to say no.

Susan remembered several different ways to refuse the beer. She could try telling people who offered her the drink that she was allergic to alcohol. She could tell them that she was training for an athletic event, and couldn't have the beer.
She could just say, "I don't like the taste."

Or she could try the most honest approach and tell her hosts that although she wanted them for friends, she didn't want to drink with them.

Susan decided to try the last method. To her surprise, it worked. Her hosts took away the glass of beer, and brought her a soda instead. Soon Susan noticed that several other kids stopped drinking the beer too. She wasn't the only one who didn't want to drink.

Drinking alcohol can cause both physical and emotional problems for people of any age - but it's especially bad for young people. In recent years experts on drinking have gotten worried about young people and drinking. Researchers have discovered that many young people in the United States are trying alcohol. In Maryland, for example, a study showed that youngsters may begin experimenting with drinking when they are only 11. After this study came out, the governor of Maryland started a special campaign called, "Live Well." The campaign is designed to warn young people that alcohol is dangerous.

Pre-teenagers and teenagers are at a stage in their lives when they grow very quickly. Drinking alcohol can interfere with normal growth. Young people can also get addicted to alcohol much faster than older people do. When a person is addicted to a substance, he or she comes to need it more than anything else. The need interferes with normal activities like doing homework, being with friends and family, playing sports - or just having fun.

Susan made the right decision when she said "No, I don't want any beer, thank you." And she helped her friends at the same time. When she refused, she showed other kids at a party that you don't have to have a drink to have fun.

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, Maryland 20852
(301) 468-2600

## COMMUNICATION

### SUBJECT OBJECTIVE

Students will demonstrate decision-making skills.

### PREVENTION OBJECTIVE

Students will utilize decision-making skills when approached with the decision of using drugs.

### MATERIALS / RESOURCES

1. Teacher Background Information: "Decision Making--General."
2. Teacher Background Information: "Decision Making--Information."
3. Teacher Background Information: "Decision Making--Drugs."
4. Red and green construction paper (one piece of each for each student).

Grade level
7

### PROCEDURES / ACTIVITIES

1. Each student will make one red paddle and one green paddle.
2. Write #1 on the green paddle and #2 on the red paddle.
3. Students will raise either the red or green paddle depending upon their choice.
4. Teacher asks class the questions from "Decision Making--General"
5. Teacher/student discussion on decision making.
6. Teacher asks class the questions from "Decision Making--Drugs"

### EXTENSION ACTIVITIES

Possible group discussion of "Decision Making--Drugs"

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What about the activity surprised me? What did I learn about myself? What was I thinking during this activity? What will I try to change?

Subject objective can be correlated to Exceptional Education IEP objective.

Use teacher discretion in choosing columns.

# PADDLE PAGE

Make two paddles for each student.

one green 1st choice paddle
one red 2nd choice paddle

## DECISION MAKING--GENERAL

A. I like

1. dogs 2. cats

B. I like

1. warm places 2. cold places

C. I would rather eat

1. a hot dog 2. a pizza

D. I like to play

1. basketball 2. volleyball

E. I listen to

1. rock music 2. rap music

F. I prefer to

1. watch T.V. 2. listen to music

G. I prefer to

1. wear shoes 2. go barefooted

H. I like

1. cars 2. motorcycles

# DECISION MAKING--INFORMATION

1. Students orally list reasons people make good decisions (knowledge, experience, the particular situation, values, etc.).

2. Students orally list reasons people make bad decisions (fear, peer pressure, greed, etc.).

3. Discuss consequences of past decisions that the students have made.

# DECISION MAKING--DRUGS

A. Your neighbor offers you a cigarette, you respond by:

1. saying, "No."
2. saying, "I'm allergic."

B. Your sister is sneaking a beer, you:

1. talk with an adult.
2. talk with a peer counselor.

C. You are invited to a party where alcohol and drugs are going to be provided, do you:

1. refuse to go and do another activity.
2. go to the party and not do drugs or drink.

D. Your best friend comes to you and says he has been experimenting with alcohol and drugs; you:

1. go with your friend to get help.
2. tell an adult about the problem and ask them for help.

E. A person talks to the teacher about using drugs, should the teacher:

1. go with the person to get help.
2. tell the person where to go for help.

3. Discuss consequences of past decisions that the students have made.

## CAPITALIZATION AND PUNCTUATION

### SUBJECT OBJECTIVE

Students will demonstrate the ability to correctly capitalize and punctuate written work.

### PREVENTION OBJECTIVE

Students will correctly capitalize and punctuate the names of drugs in sentences.

### MATERIALS / RESOURCES

1. Student Handout "Facts on Drugs" worksheet.
2. Magazines and newspapers.
3. Blank bulletin board, on which to create a drug awareness graphic.
4. Crayons, markers, pens and pencils.

### PROCEDURES / ACTIVITIES

1. Class discussion about drugs and alcohol labeling and effects.
2. Students create a graphic bulletin board using materials available.
3. As small groups, students review and quiz each other on the names and effects of alcohol and other drugs.
4. Students complete work sheet to review and reinforce previously learned knowledge.

### EXTENSION ACTIVITIES

In small groups the students can develop a word search game or puzzle using words previously learned in class.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn from doing this activity? What about this activity surprised me? What, if anything, will I change about my lifestyle?

Subject objective can be correlated to Exceptional Education I.E.P. objective.

**Name:** ______________________________________________

# *FACTS ON DRUGS*

**Directions:** Read each sentence. Correct the capitalization and punctuation.

1. **some examples of drugs are marijuana medicine alcohol and tobacco**

2. **illegal drugs affect the whole body**

3. **drugs kill easily**

4. **drug abuse is when a person uses drugs without a medical reason**

5. **an addiction is when the body craves the drug**

6. **street drugs are usually mixed with other chemicals which makes them more dangerous**

7. **illegal drug use can lead to addiction jail rehabilitation and death**

8. **some side effects of drug use are depression no energy irritability and paranoia**

# LANGUAGE ARTS

## NEWSPAPER USE

### SUBJECT OBJECTIVE

Students will locate information of community events/activities.

### PREVENTION OBJECTIVE

Students will list positive community activities as alternatives to AOD use.

### MATERIALS / RESOURCES

1. Area newspapers with listing of community events: i.e., Calendar section of the Orlando Sentinel--enough for each group to have one.
2. Teacher Background Information: "Fun in Newspapers"

### PROCEDURES / ACTIVITIES

1. Brainstorm with the class to get examples of activities, events, or local attractions that would be fun. Make a list on the board. Use "Fun in Newspapers" to prompt students.
2. Form groups of 4-5 students. Students use the newspapers to find a specific place or event for each suggestion on the board. They then pick the five most interesting items from the whole list and give reasons why they think the activity or event would be fun. Each group then shares with the rest of the class. Teacher can list reasons on the board.
3. Lesson closure could include these questions:
   a) How did the students locate their events or activities?
   b) How did the groups decide on their most interesting events/activities?
   c) What new things did you learn about your community (if using local newspapers)?
   d) How does participating in recreational activities help people? (i.e., personal growth, building friendships, staying active, helping the community, staying out of trouble by being too busy to use AOD, feeling good about yourself)

### EXTENSION ACTIVITIES

Take field trips to some of the events/activities found that are of interest to the students.

Guest speakers from organizations discovered to gain more information.

Use out-of-town or out-of-state newspapers to learn about other regions.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn from this activity? What did I learn about myself from this activity? What will I do differently in the future?

Subject objective can be correlated to Exceptional Education I.E.P. objectives.

Larger newspapers provide an entire section once or twice weekly with community activities/events featured. Out-of-town or out-of-state newspapers can be found at some of the newsstand outlets and will often be given to teachers for free if there is some left over at the end of a given day. These newspapers can also be borrowed from the public library. Teachers should note that research has found that providing alternatives for drug use is effective in prevention.

# FUN IN NEWSPAPERS

**This is a list of suggested events, activities, attractions, and organizations. Make changes based on your own community but keep the list in general terms since the specifics will be found by the students.**

Movies
Plays
Sporting events
Festivals
Parades
Video arcades
Pet shows
Restaurants
Concerts
Comedy clubs
Civic clubs
Craft shows
Flea markets
Benefits
Tournaments
Fairs
School events
Volunteer work
Library activities
Dances
Museums
Parks
Theme parks
Recreation centers
Malls
Specialty stores
Camping/fishing/boating
Community education

## AIDS AWARENESS AND LETTER WRITING

### SUBJECT OBJECTIVE

Students will identify causes of Acquired Immune Deficiency Syndrome (AIDS).

### PREVENTION OBJECTIVE

Students will evaluate the direct correlation between drug use and AIDS.

### MATERIALS / RESOURCES

1. Teacher Background Information: "Drug Abuse and AIDS," "Youth At Risk" (Chapter 10, pp. 231-261, available through inter-library loan if not available at your school through Central Florida AIDS Unified Resources Inc., (305-849-1452) "AIDS Information Addresses".
2. Student Handout: "Methods of Transmission"

### PROCEDURES / ACTIVITIES

1. Brainstorm for ideas on what causes AIDS. Compare the student's ideas with factual information by having the students read their handout.
2. Teacher models a letter. Each student will write to an organization requesting information on AIDS. Exchange letters among the class for proofreading of the drafts. Do whatever rewrites that are necessary.
3. Address envelopes and mail letters.

### EXTENSION ACTIVITIES

Do the letter writing as a cooperative activity in small groups of 2 to 3.

Use the information that students acquire from organizations to create posters, displays, or collages.

Make chart or poster of "Percentage of Population Contracting AIDS Through Drug Abuse" with information from the student handout.

Grade level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What can I do to help? How did I feel after learning this information?

Subject objective can be correlated to the Exceptional Education IEP objective.

This activity may bring up sensitive topics. You may want to contact your guidance counselor, health teacher, or a member of the Student Assistance Team as a resource person.

TEACHER BACKGROUND INFORMATION

# NIDA CAPSULE: DRUG ABUSE AND AIDS

## *WHAT IS AIDS?*

AIDS (Acquired Immunodeficiency Syndrome) is a condition caused by a virus and characterized by a defect in the body's natural immunity to disease. People with AIDS are vulnerable to severe illnesses which usually are not a threat to any one whose immune system is intact. Over half of the persons diagnosed with AIDS have died. Eighty percent of all persons with AIDS die within two years of diagnosis. Although several risk factors are related to AIDS, this paper focuses only on intravenous drug use.

### EXTENT OF THE PROBLEM

Data from the Centers for Disease Control (CDC) show that as of March 31, 1989, there were 90,990 cases reported with AIDS. Of these cases, 27 percent or 24,406 reported injection of an illicit substance prior to diagnosis with AIDS. Intravenous (IV) drug users are the second largest at-risk group for AIDS, exceeded only by homosexual and bisexual men who account for 61 percent of persons with AIDS. The population of cases involving intravenous drug abuse has increased over the past two years. Since January 1, 1989, thirty percent of all AIDS cases have involved IV drug abuse.

There are considerable geographic differences in reported AIDS cases among IV drug abusers. Over half of the IV drug abuse related AIDS cases were reported from the Northeast, which represents 20 percent of the U.S. population. In Connecticut, New Jersey, New York, and Puerto Rico the number of AIDS cases in heterosexual IV drug abusers exceeds those in non-IV drug abusing homosexual/bisexual men. While some believe that AIDS only affects large metropolitan areas on the east and west coasts, it is important to realize that at least one IV drug abuser with AIDS has been reported from all 50 states.

There are an estimated 1.1 to 1.3 million IV drug abusers in the U.S. and of these, over 24,000 are people with AIDS. Experts estimate nearly 500,000 IV drug abusers inject heroin regularly, while thousand of others inject cocaine or amphetamines. All of these individuals are at increased risk for AIDS.

The belief that AIDS is a disease of gay white men is a myth. Minorities are over-represented among IV drug users and a disproportionate number of persons with AIDS have been Blacks and Hispanics. Although Black Americans represent 12 percent of the population in the United States, they account for 27 percent of all people with AIDS. Hispanics account for six percent of the U.S. population and 15 percent of people with AIDS. Minorities account for 80 percent of cases among heterosexual IV drug abusers, 80 percent of heterosexually transmitted AIDS cases, and 77 percent of pediatric AIDS cases. Members of minority groups survive for a shorter period of time after being diagnosed as having AIDS than do whites with the disease.

### METHODS OF TRANSMISSION

The virus which causes AIDS, Human Immunodeficiency Virus (HIV), is transmitted through the exchange of bodily fluids, including blood and semen from an infected individual to a non-infected one. Casual contact does not spread AIDS. It is not an airborne disease.

Among IV drug users, transmission of the AIDS virus often occurs by sharing drug paraphernalia. Small amounts of contaminated blood left in needles or syringes can carry the AIDS virus from user to user. Almost all IV drug abusers share needles when they inject such drugs as narcotics, cocaine, or amphetamines. Those who frequent "shooting galleries" (gathering places where drug users share their needles, syringes, cookers and drugs) are particularly vulnerable.

HIV can also be transmitted from IV drug users to their sexual partners, and from IV drug users and their sexual partners to their children prior to or during childbirth. In fact, surveillance data from the Centers for Disease Control show that most cases of heterosexually and perinatally acquired AIDS are associated with IV drug abuse. Of

U.S.-born AIDS cases attributed to heterosexual transmission, approximately 72 percent are individuals who have had sexual intercourse with IV drug users. And almost three-fourths of perinatal AIDS cases are born to IV drug users or their sexual partners.

IV drug related transmission is especially significant for women. Of women who have AIDS, 52 percent are IV drug users, while approximately 18 percent are the sexual partners of IV drug users. And researchers believe that HIV-infected mothers will infect their infants prior to or at birth about 50 percent of the time.

The potential spread of AIDS by prostitutes is of special concern since a substantial portion of female IV drug users and some male users resort to prostitution to support their drug habits. In one study of prostitutes in seven communities across the U.S. approximately one-half of the prostitutes were intravenous drug abusers. Thus, there is considerable opportunity for the spread of HIV from IV drug users to the non-using population.

Health care workers who treat intravenous drug abusers are at very low risk of contracting HIV infection as long as they follow the Center for Disease Control's AIDS precautions when handling body fluids from persons with AIDS and IV drug users. Special care must be taken in handling used needles.

## WHAT CAN BE DONE?

Since intravenous drug abuse contributes significantly to the AIDS epidemic, IV drug abusers and those who come in contact with them need to be aware of the facts concerning AIDS and IV drug abuse.

Intravenous drug abusers can reduce their risk of contracting AIDS by stopping the use of drugs. Those who continue to inject drugs despite the demonstrated risk to their health should refrain from sharing drugs or equipment, use only new (not re-bagged) needles, and avoid shooting galleries.

Those who insist on injecting drugs may be able to reduce the risk of transmitting the AIDS virus by removing any blood or other material from the needle, syringe, or other "works" (drug paraphernalia) and flushing the needle and syringe at least twice with bleach.

Sexual relations with IV drug abusers should be avoided. At a minimum, sexual partners of IV drug abusers should refrain from practices involving the exchange of bodily fluids (such as blood and semen) to reduce the risk of exposure to the AIDS virus.

Condoms should be used when having intimate contact with high risk individuals. It is important to know that while condoms might make sex with an IV drug user safer, there is no such thing as "safe sex" with a person at high risk for AIDS. In addition, sexual practices that cause injury to tissue, such as anal intercourse, should be avoided.

Drug counselors and therapists need to be informed about AIDS so they can intelligently address the concerns of patients and their families.

The National Institute on Drug Abuse (NIDA) has funded studies to examine the spread of the AIDS virus among drug abusers, their sexual partners, and their children. Research is also being supported to improve the effectiveness of drug abuse treatment and to develop other effective AIDS-prevention strategies. NIDA is also studying the immunosuppressive effect of many common drugs of abuse to better understand their relationship to AIDS.

NIDA has established an AIDS outreach and counseling demonstration research program targeted at intravenous drug abusers and their sexual partners. The goals of the program are to encourage IV drug abusers to enter drug abuse treatment and to encourage IV drug abusers and their sexual partners to change their drug using and sexual behaviors that place them at risk for AIDS. Both comprehensive outreach programs that employ multiple outreach strategies, and targeted outreach demonstration projects that focus on one strategy, are conducted and evaluated.

Recognizing that changing high-risk drug abuse and sexual behaviors is seldom achieved simply through information dissemination, these outreach programs aggressively seek out individuals at risk, educate them regarding risk reduction, encourage behavior change, and reinforce change through follow up contacts. Together these comprehensive and targeted outreach programs are able to reach approximately 130,000 IV drug abusers and sexual partners annually.

**For further information on AIDS and drug abuse, contact:**

**National Institute of Drug Abuse**
**5600 Fishers Lane, Room 10A-54**
**Rockville, MD 20857**
**(305) 443-6245**

# LIST OF ADDRESSES FOR AIDS INFORMATION

AIDS Action Council
729 Eighth Street S.E.
Suite 200
Washington, D.C. 20003

American Foundation for AIDS Research (AMFAR)
5900 Wilshire Blvd.
2nd Floor-East Satellite
Los Angeles, CA 90036

The American Red Cross
17th and D Streets N.W.
Washington, D.C. 20006

Mothers of AIDS Patients
P.O. Box 3132
San Diego, CA 92103

National AIDS Network (NAN)
2033 M. Street, N.W.
Washington, D.C. 20036

National Association of People with AIDS
2025 Eye Street, N.W.
Suite 415
Washington, D.C. 20006

National Leadership Coalition on AIDS
1150 17th Street, N.W.
Suite 202
Washington, D.C. 20036

# METHODS OF TRANSMISSION

The virus which causes AIDS, Human Immunodeficiency Virus (HIV), is transmitted through the exchange of bodily fluids, including blood and semen, from an infected individual to a non-infected one. Casual contact does not spread AIDS. It is not an airborne disease.

Among IV drug users, transmission of the AIDS virus often occurs by sharing drug paraphernalia. Small amounts of contaminated blood left in needles or syringes can carry the AIDS virus from user to user. Almost all IV drug abusers share needles when they inject such drugs as narcotics, cocaine, or amphetamines. Those who frequent "shooting galleries" (gathering places where drug users share their needles, syringes, cookers and drugs) are particularly vulnerable.

HIV can also be transmitted from IV drug users to their sexual partners, and from IV drug users and their sexual partners to their children prior to or during childbirth. In fact, surveillance data from the Centers for Disease Control show that most cases of heterosexually and perinatally acquired AIDS are associated with IV drug abuse. Of U.S.-born AIDS cases attributed to heterosexual transmission, approximately 72 percent are individuals who have had sexual intercourse with IV drug users. And almost three-fourths of perinatal AIDS cases are born to IV drug users or their sexual partners.

IV drug related transmission is especially significant for women. Of women who have AIDS, 52 percent are IV drug users, while approximately 18 percent are the sexual partners of IV drug users. And researchers believe that HIV-infected mothers will infect their infants prior to or at birth about 50 percent of the time.

The potential spread of AIDS by prostitutes is of special concern since a substantial portion of female IV drug users and some male users resort to prostitution to support their drug habits. In one study of prostitutes in seven communities across the U.S. approximately one-half of the prostitutes were intravenous drug abusers. Thus, there is considerable opportunity for the spread of HIV from IV drug users to the non-using population.

Health care workers who treat intravenous drug abusers are at very low risk of contracting HIV infection as long as they follow the Center for Disease Control's AIDS precautions when handling body fluids from persons with AIDS and IV drug users. Special care must be taken in handling used needles.

# LANGUAGE ARTS

## MECHANICS

### SUBJECT OBJECTIVE

Students will use proofreading skills to correct punctuation and capitalization errors.

### PREVENTION OBJECTIVE

Students will gain information concerning facts about tobacco, alcohol, and other drugs.

## Materials/Resources:

1. Student handout: "The Facts - Alcohol, Drugs, Tobacco".
2. Colored Markers.
3. Teacher Background Information: What Works: Schools Without Drugs, U. S. Dept. of Education, Lauro Cavazos, Sec., 1989. To obtain a copy of this handbook at no charge call: 1-800-624-0100.

## Procedures/Activities:

1. Divide students into groups of 2 or 3.
2. Assign roles to students: reader, recorder, checker.
3. Give student handout to students. Students will be correcting punctuation and capitalization.
4. Directions: One student reads factual statements from the worksheet. As a group the students will decide on appropriate corrections, using colored markers, for each sentence. The recorder writes each sentence. The checker will check for accuracy. Students are awarded group and individual points for participation and completion of the assignment.

Grade level 7

## Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What did I learn about myself? What will I start or stop doing after this experience? What will I try to change? Student objective can be correlated to exceptional Education I.E.P. objective.

Alcohol is a drug. Stress the fact that a 12 ounce can of beer, a wine cooler, a 5 ounce glass of wine, or a shot of whiskey, all have the same amount of pure alcohol per drink - about one-half ounce.

Follow- up: The teacher will initiate discussion based on the activity in order to clarify any questions, misinformation, etc, that result from the proofreading activity. This could be a whole class discussion.

# THE FACTS: ALCOHOL, DRUGS, TOBACCO

1. unborn babies are harmed by cigarettes used by the mother.
2. chewing tobacco may cause cancer of the mouth.
3. does smoking stain your teeth.
4. cigarette smoke is harmful to nonsmokers.
5. is a wine cooler alcohol.
6. nicotine is the drug found in tobacco.
7. crack kills.
8. marijuana affects the brain.
9. is alcohol a drug.
10. alcohol affects the brain and body.
11. alcoholism is a disease and it can run in families.
12. steroid abuse can stunt growth.
13. is cocaine addictive.
14. smart people are saying 'no' to drugs.
15. are kids learning how to say no.

## VOCABULARY & SPELLING

### SUBJECT OBJECTIVE

Students will learn how to spell new words and the definitions.

### PREVENTION OBJECTIVE

Students will spell and define AOD words that could enable them to make responsible decisions in AOD situations.

### MATERIALS/RESOURCES

1. Notebooks for each student. (Spiral, folder with loose leaf paper, etc.)
2. Teacher Background Information, "Sample List of AOD words".

### PROCEDURES/ACTIVITIES

1. Introduce the week's spelling words, infusing one or two AOD related words into the list.
2. Discuss the meaning of each word.
3. During the first lesson that AOD related words are infused, discuss the AOD Dictionary. Students will then set up their notebook like a dictionary ("A" section, "B" section, etc.).
4. Have the students copy the AOD related word into their dictionaries.
5. Proceed through your normal spelling/vocabulary activities throughout the week, remembering to infuse the AOD related words. Continue to infuse AOD words throughout the year.

### EXTENSION ACTIVITIES

The AOD words could also be infused in other lists in different classes such as science or social studies.

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn from this activity? Do I have the skill needed to identify/resist drugs and alcohol? How will I change after learning this information?

Subject objective can be correlated to Exceptional Education I.E.P. objective.

Teachers should have their own "teacher dictionary" as a class reference.

Teacher may wish to have only one class dictionary letting students alternately add to it each week.

## SAMPLE LIST

anorexia nervosa
AIDS
addictive
alcohol
angel dust
beer
barbiturates
caffeine
cocaine
crack
codeine
designer drugs
depressants
emphysema
hallucinogens
heroin
inhalants
interaction
marijuana
methadone
morphine
narcotics
opiates
peyote
tars
tranquilizers
withdrawal

## WORD JEOPARDY/VOCABULARY DEVELOPMENT

### SUBJECT OBJECTIVE

Students will demonstrate knowledge of definitions for common terms related to alcohol.

### PREVENTION OBJECTIVE

Students will gain insight in recognizing, defining and using common vocabulary terms related to alcohol and other drugs.

### MATERIALS / RESOURCES

1. Teacher's Background Information: "Just the Facts...Alcohol."
2. Question cards.
3. Newspapers/magazines.
4. Student word list.
5. Teacher's "Lesson Plans."

### PROCEDURES / ACTIVITIES

1. Students will be presented with factual information and word definitions.
2. Students will participate in group discussion activities.

### EXTENSION ACTIVITIES

See lesson plans in Teacher's Background Information.

Grade
level
7

### Teacher Tips:

Critical thinking will facilitate prevention infusion.
Suggested questions:
What did I learn?
How will I change after this activity?

Subject objective can be correlated to Exceptional Education I.E.P. objectives.

Game rules may be adapted for your specific student population.

Put game cards on heavy stock paper or laminate them for longer use.

# Teacher Background Information Lesson Plans

**Lesson 1**

Provide each student with a word list.
Step 1 - Have students circle words they can read/pronounce.
Step 2 - Have students draw a triangle on words they know the definition of. Example: drug.
Step 3 - Draw a smiley face at the bottom of the page if they have circled or drawn triangles on terms they recognize.
Step 4 - Record student responses on chart paper to compare beginning word knowledge with knowledge gained from class activities.

**Lesson 2**

Step 1 - Present information about:
  a) other names for alcohol.
  b) method of use.
  c) type of indulgence.
  d) effects of alcohol.
Step 2 - Divide students into cooperative learning groups to find and discuss articles about alcohol from newspapers/magazines.
Step 3 - Each group will have a spokesperson present information about one article to class members.
Step 4 - View vocabulary words. Discuss if any of the words were used in the articles presented.

**Lesson 3**

Step 1 - Discuss game rules and procedures.
Game Rules:
  (1) Answers will be stated in question form. Example: What is addiction?
  (2) Class will be divided into two teams.
  (3) Each team will be given 150 points at the beginning of the game.
  (4) Incorrect answers will take ten points from the score.
  (5) Correct answers will add 10 points to the score.
  (6) One player from each team will be asked a question each time.
  (7) Team with the highest score will be in the jeopardy championship of the week.
Step 3 - Play a mock jeopardy game using game rules.

**Lesson 4**

Step 1 - Divide class into two teams.
Step 2 - Play game.
Step 3 - Provide student with a word list.
Step 4 - Circle words they can pronounce/read.
Step 5 - Have students draw triangles on words they can define.
Step 6 - Draw a smiley face if they recognize and can give a definition of five or more words from the student word list.
Step 7 - Highlight statements about ways to say no to drinking.

# QUESTION CARDS

Game Cards: When printing cards, put the definition on the front and the question on the back.

A person addicted to alcohol

What is an alcoholic?

Continued uncontrolled and greater than normal use of alcoholic drinks

What is alcoholism?

Fermented grape juice containing a percentage of alcohol

What is wine?

A chemical substance (a drug) that reduces the activity of bodily systems

What is a depressant?

A colorless flammable liquid/(beer, wine) that can make one drunk

What is alcohol?

A person who makes a habit of using drugs/uncontrollable user

What is an addict?

An alcoholic drink made from malt

What is beer?

To use wrongly/misuse

What is abuse?

A way of behaving that has become fixed by being repeated often

What is a habit?

A substance that affects bodily activities often in a harmful way and is taken for other than medical reasons.

What is a drug?

To keep away from drugs, accidents, getting too tired

What is avoid?

The act or manner of care-giving medical assistance to an alcoholic

What is treatment?

# STUDENT WORD LIST

addict
addicted
addiction
alcohol
alcoholism
avoid
ALANON
ALATEEN
addictive
effects
dependence
depressant
liquor
disease
frequent
influence
wine
beer
abused
drug
treatment
habit
recovery
abuse
prevention

Bonus - education

## COMMUNICATION

### SUBJECT OBJECTIVE

Students will write complete sentences.

### PREVENTION OBJECTIVE

Students will create possible solutions to problems involving alcohol and other drugs.

### MATERIALS / RESOURCES

1. An advice seeking column from a local paper: i.e., "Dear Abby," "Ann Landers."

### PROCEDURES / ACTIVITIES

1. Copy a suitable letter from the article onto the chalkboard or overhead transparency.
2. Cooperative groups of students record their own answers for the letter, listing how or why they chose their answer.
3. Groups share their answers and reasons.
4. Read the answer from the newspaper and discuss the pros and cons of that answer.

### EXTENSION ACTIVITIES

Letters can be cut out of the paper and a different question given to each group to answer as in Procedure #2, saving answers from each for Procedure #4.

If a group or the class has a strong opinion about a column's printed answer, a letter could be compiled by the group or class and mailed in to the paper.

Start an advice column at your school via school newspaper or centrally located bulletin board.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What information, learned from this activity, surprised me? How do I feel about this activity?

Subject objective can be correlated to Exceptional Education IEP objective.

Use teacher discretion in choosing columns.

## CURRENT EVENTS

### SUBJECT OBJECTIVE

Students will compare, contrast, and evaluate information using a newspaper article.

### PREVENTION OBJECTIVE

Students will identify dangers of abusive drug use and develop skills in communicating their opinion.

### MATERIALS / RESOURCES

1. Newspapers
2. Student Worksheet: "Contrast/Comparison"

### PROCEDURES ACTIVITIES

1. Divide class into small, cooperative groups. Each group will review a daily paper and identify all articles that refer to subject.
2. Students will find articles from local newspapers which refer to drug and alcohol abuse, crimes and prevention.
3. Each group will share the following with the other groups.
   - **a.** Content of article.
   - **b.** Compare/contrast evaluation sheets.
   - **c.** Explanation of their position.

### EXTENSION ACTIVITIES

Students graph number of articles appearing in local paper over a one week period. Graphing can be done daily.

Categorize articles by substance: alcohol, cocaine, marijuana, inhalant, etc.

Grade level 7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What about this activity surprised me?

Subject objective can be correlated to Exceptional Education IEP objective.

STUDENT WORKSHEET

# CONTRAST / COMPARISON EVALUATION

**Name of newspaper** ________________________________________

**Date** __________________________________________________

**Author** ________________________________________________

**Title** __________________________________________________

Place article here Compare positive/negative qualtities of article

---

## Contrast to own opinions Evaluate

1. What problems does author address?

2. What questions does author answer?

3. What does author believe to be true?

## COMMUNICATION

### SUBJECT OBJECTIVE

Students will demonstrate effective communication techniques.

### PREVENTION OBJECTIVE

Students will generate responses to examples of peer pressure and peer group conflict to improve decision.

### MATERIALS / RESOURCES

1. Teacher Background Information: "Keith's Decision."
2. Teacher Background Information: "Saying No."

### PROCEDURES / ACTIVITIES

1. Read "Keith's Decision" to class.
2. Discuss the story with class for:
   - a) comprehension.
   - b) the peer pressure and group conflict presented in the story.
   - c) what Keith really wants to say or do at the end.
3. Present class (orally, on chalkboard, with overhead transparency, or copies) with information from "Saying No."
4. Use cooperative groups to:
   - a) Create at least ten different responses for Keith to use in his situation. Encourage students to use as many of the methods presented as possible.
   - b) Each group must choose their favorite response.
   - c) Present favorite response to class and explain why and how they made their choice.

### EXTENSION ACTIVITIES

Student groups design and produce posters, stickers or buttons using group responses.

Role play situations using negative responses from activity in drug and non-drug related circumstances. "Be Your Best Self: Assertiveness Training," by Sunburst Communications, can be used as a source of using role play in the classroom.

Students can write their own story endings for "Keith's Decision" including the outcome of that decision.

Grade level

7

### Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What was I thinking during the story? What did I learn? What about the activity surprised me? What will I start or stop doing after this experience?

Subject objective can be correlated to Exceptional Education IEP objective.

## Teacher Background Information

# KEITH'S DECISION

'Where is it? I know it's in here. I remember putting it on a blue sheet of paper and dropping it in here. Man, I've got to clean out my book bag. Ahh . . . here it is. My locker combination is 28-4-19.

Now, let's see if it works. Right 28, left 4, right 19. Darn! I knew it wouldn't open!'

"You're going to be late to class," a soft voice said behind me. I turned around and it was her--Cynthia! She's the most popular girl in school--and the prettiest too.

"I know. I can't get my locker open."

"Let me help, Keith."

"I think it's broken," I said, taking a kick at the locker.

"I'll give it a try. What's your combination?"

"28-4-19."

Cynthia moved closer to my locker, and closer to me. She started turning the dial. Her hair glistened in the light. Her perfume smelled so-o-o good. The locker opened. Geeze . . . I feel like a jerk!

"Thanks."

"No problem," Cynthia said with a smile. "Say, would you like to go to Ann Clarke's house after the game today? She's having a party to celebrate the end to our winning season."

"Sure."

"Well, I'll meet you at the game after school."

"Okay." Then I remembered . . . "I've got to go home first, but I'll be back by the end of the game."

"Great, see you. We'll meet at the drink stand."

"Okay," I said, trying to hide my joy. Wow! I can't believe it! I'm going to a major party with Cynthia. My day just improved 1000%.

"Hey Keith, where are you going?" I turned to see Curtis waving at me and shouting.

"I'm meeting Cynthia to go to a party."

"I know. She's over by the drink stand talking to her friends. How did you get so lucky?"

"Good looks and great personality. What more can I say? See you later."

"Good luck, buddy!" Curtis shouted and gave me a thumbs-up sign.

As I walked up to the drink stand, my throat started getting tight and dry. My heart was pounding too. "Man, I've got to look cool," I thought.

"Are you ready to go?" Cynthia asked as her friends walked away.

"Yeah, whenever you are," I said.

We started walking to Ann's house and talking about things. We talked about school and our teachers. We talked about music and movies. We talked a lot in a short time. I sounded together, if I say so myself.

As we approached Ann's house, we could hear the party had started. Music and voices were easy to hear. Mike opened the door before we even got there.

"Come in and party!" he shouted, leaning on the door.

We laughed and walked in.

Inside, we saw beer cans on the floor. We heard someone, somewhere, getting sick. We smelled cigarette smoke. We did not see any adults. We did not laugh anymore. We just looked at each other.

"Here," Ann said while pushing two drinks toward us. "Join the party."

"Uh . . .I don't think so," I said.

"Come on," Ann continued, "Don't tell me you're like those nerds that just left because they don't like alcohol. You need to party hearty."

"Are your parents here?" I asked.

"No, and neither is my baby sitter," she said, mocking. "Are you cool or what? Cynthia, are you going to party?"

Cynthia took the glass and then looked at me. "What do you think?"

## Teacher Background Information

# *SAYING NO*

Saying "No thanks"
"Would you like a smoke?"
"No thanks."

Giving a reason or excuse
"Have a beer."
"No thanks. I don't like the taste."

Broken record or saying no as many times as necessary
"Would you like a rock?"
"No thanks."
"Come on!"
"No thanks."
"Just try it!"
"No thanks."

Walking away
"Do you want to try some good grass?"
Say no and walk away while saying it.

Changing the subject
"Let's drink some wine coolers."
"I hear there's a new video game at the arcade."

Avoid the situation
If you know of places where people often use drugs, stay away from those places. If you pass those places on the way home, go another way.

Cold Shoulder
"Hey! Do you want a joint?"
Just ignore the person.

Strength in numbers
Hang around with non-users, especially where drug use is expected.

REFERENCE SKILLS

## SUBJECT OBJECTIVE

Students will be able to locate words in reference books.

## PREVENTION OBJECTIVE

Students will be able to define substance abuse and relate terms in their proper and in their slang form.

## MATERIALS / RESOURCES

1. Teacher Background Information: "Code of Student Conduct".
2. Dictionary, Thesaurus, Schools Without Drugs (located in school library or guidance office).
3. Student Handout: "Word Search Puzzle."
4. Student Handout: "Drugs Crossword: Proper Names and Slang.

## PROCEDURES / ACTIVITIES

1. Divide students into small groups to develop a list of proper and slang terms for drugs
2. Compare results of class discussion.
3. List current slang terms that were not mentioned earlier.
4. Look up meaning of words in the list.
5. Develop sentences, using proper and slang terms, that describe the possible harmful effects of drugs.

## EXTENSION ACTIVITIES

Create word search of terms.

Develop crossword puzzle with terms and definitions.

Groups: Students make chart of terms and illustrate.

Grade level 7

## Teacher Tips:

Critical thinking will facilitate prevention infusion. Suggested questions: What did I learn? What was I thinking / feeling during this lesson?

Subject objective can be correlated to Exceptional Education IEP objective.

To obtain a copy of Schools Without Drugs, free of charge, call 1-800-624-0100.

# Code of Student Conduct

## Background Information for Teachers
## Level I
## Infractions

(Minor acts of misconduct)

A. Cheating: Using another person's work and calling it your own. Using notes or other methods, without the teacher"s knowledge, to complete a test or assignment.

B. Classroom Disruption: saying or doing something that keeps the teacher from teaching or other students from learning.

C. Disorderly Conduct: Saying or doing something that upsets the normal school day or any school activity.

D. Disrespect for Others: Saying or doing something that puts down, annoys, insults or embarrasses a person or a group of people.

E. Dress Code: Wearing anything that does not follow the dress code for your school.

F. Failure to Report for Detention: Not showing up for detention.

G. False and/or Misleading Information: Telling lies, or refusing to tell the truth about important matters, to members of the school staff.

H. Insubordination: Refusing to follow or not following the directions of any of the school staff. Breaking school rules, classroom rules, or behavior contracts.

I. Misconduct on School Bus or School Approved Transportation: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of others.

J. Profane, Obscene or Abusive Language/Materials: Using words, gestures, pictures, or objects including racial slurs that are not acceptable at school and/or upset the normal school day or any school activity.

K. Tardiness: Being late for school or class too often. (More than once a week).

L. Unauthorized Absence from School or Class: Being absent from school or class without a written excuse from a parent or a doctor.

M. Repeated Misconduct: Breaking one or more of the above rules over and over again.

N. Other: Saying or doing things other than those listed above.

## Level I
## How the Principal May Respond:

1. Contact your parents.
2. Talk with you about your behavior.
3. Assign special project or work.
4. Withdraw privileges.
5. Make you pay for or replace damaged property.
5. Make you stay after school. (Parental contact required).
7. Make a plan for you to follow with consequences.
8. Refer you to Level II.

## Level II
## Infractions

(Intermediate acts of misconduct)

A. Fighting/Threats - Fighting with another student; saying or doing something that threatens to hurt others.

B. Destruction of Property/Vandalism (under $10.00): Breaking or destroying things that belong to the school or to another person.

C. Gambling: Betting on games or activities for money or other valuables.

D. Insubordination/Open Defiance: Strongly refusing to follow school rules or directions from the school staff.

E. Intimidation: Making threats to hurt others or their property.

F. Misconduct on School Bus: Saying or doing something that upsets the order and procedures to be followed on the bus, or interferes with the safety of other bus riders.

G. Stealing (under $10.00): Taking, without permission, the property of others.

H. Unauthorized Assembly, Publications, etc.: Holding meeting or passing out materials to other students, without permission, that upset the normal school day or any school activity.

Other Misconduct or Repeated Misconduct of a Less Serious Nature: Saying or doing something that upsets the normal school day or school sponsored activity or repeating a Level I Infraction.

J. Forgery: Writing a note or other written communication with the intent of misleading a staff member.

K. Other Serious Misconduct: Saying or doing things other than those listed above.

## Level II
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a contract/plan for you to follow.
3. Paddle you.
4. Remove you from you class and assign you to other activities or jobs at the school.
5. Assign you special work jobs at the school (cleaning up etc).
6. Make you stay after school (Parental contact required).
7. Take away and not return thing you have brought to school.
8. Remove you from the bus for up to ten days.
9. Make up a plan for you to follow, with consequences.
10. Assign you to Alternative Education.
11. Refer you to Level III.

## Level III
## Infractions
(Major acts of misconduct)

A. Alcohol: Having or using alcohol, drugs, drug-related materials, or anything that changes mood or behavior.

B. Drugs: having or using any of the above beyond a doctor's prescribed amount. May be considered Level IV offense. Automatically becomes a Level IV offense with the second violation. Possession of cocaine or other substances in which possession is a felony offense.

C. Assault/Battery (Fighting): Touching or hitting another student against his or her will.

D. Breaking and Entering: Unlawfully and forcefully entering or trying to enter school, school personnel property or student property.

E. Destruction of Property/Vandalism (over $10.00): Breaking or destroying things that belong to the school or to another person.

F. Extortion/Threats: Making threats to hurt others, their reputations, or their property, in order to obtain money, information, or help from them.

G. Firecrackers/Fireworks: Having or using fireworks or firecrackers at school or at a school activity.

H. Gross Insubordination/Open Defiance: Strongly refusing to do as told by the school staff. Saying or doing something that shows you will not follow any directions.

I. Illegal Organizations: Belonging to or being a part of fraternities, sororities, or secret groups that are associated with school.

J. Smoking (and Other Use of Tobacco Products): Having, using, selling or giving to other students tobacco products at school or at a school activity.

[illegible] Stealing (over $10.00): Taking without permission the property of others.

L. Trespassing: Entering or staying on school property or at a school activity after being told to leave by the school staff.

M. Possession of Contraband Material: Having, using, giving to others things not allowed at school such as: radios, tape decks, TV's, matches, lighters, ammunition, beepers, or stolen property. These forbidden things may be taken from you and not returned to you. Possession of a knife may be considered under this heading if there has been no threatening or intimidating display of the knife.

N. Violation of Curfew: Breaking curfew rules during school sponsored activity.

O. Felony suspension: Suspension from school until after a court appearance, if you are charged with a felony.

P. Repeated Misconduct of a More Serious Nature: Saying or doing something that upsets the normal school day, a school activity or repeating a Level II infraction.

Q. Other Serious Misconduct: Saying or doing things, including racial slurs, other than those listed above that upset the order of the school or a school activity.

## Level III
## How the Principal Might Respond:

1. Contact your parents. Hold a meeting with them.
2. Make up a written contract/plan for you to follow.
3. Assign you to a special program or school.
4. Remove you from the bus for up to 10 days (suspension).
5. Remove you from the school for up to 10 days (suspension).
6. Remove you from the bus for the rest of the school year (expulsion).
7. Remove you from the school for the rest of the school year (expulsion).

[illegible] Restrict you from school-sponsored activities for some or all of the rest of the school year.

9. Refer you to a prevention or treatment program.
10. Refer you to Level IV.

# Level IV
## Infractions

(Major, serious acts of misconduct)

A. Alcohol: Selling or giving to other students alcohol, drugs, drug related materials, or anything that changes or is said to change mood or behavior.

B. Drugs: Same as above.

C. Arson: Setting a fire or trying to set fire to school property or the property of others.

D. Assault/Battery of Employees and Volunteers: Touching or hitting a member of the school staff or volunteer against his or her will.

E. Bomb Threats/Explosions: Threatening an explosion on school property, or at a school function. Having, preparing, or setting off explosives (including fireworks) on school property, or at a school function.

F. False Fire Alarm: Setting off a false fire alarm or reporting a false fire.

G. Inciting, Leading or Participating in a Major Student Disorder: Starting, leading or taking part in an activity that upsets a normal school day, any school activity, or results in damage/injury to others.

H. Robbery: Taking or trying to take the property of others by using force, violence or threats.

[illegible]. Sexual Offenses: Indecent exposure. Doing something to promote sexual favors or acts. Making sexual suggestions, physical or verbal, to others.

J. Weapons: Having or using anything that could do harm to another, such as: guns, knives, razors, clubs, explosives, and other chemical weapons.

K. Any Act which Substantially disrupts the Orderly Conduct of a School or a School Function: Doing anything that upsets a normal school day or threatens the safety of others at school.

L. Violation of Early Reentry Plan/Probation: Doing something that breaks the agreement made with the school for reentry from expulsion.

M. Repeated Misconduct of a More Serious Nature: Saying or doing things again that upset a normal school day or school function.

## Level IV
## How the Principal May Respond:

1. Contact your parents. Hold a meeting with them.
2. Grades 6-12
   Remove you from school for ten days (suspension) and recommend that you be removed from school for at least one semester (expulsion).
   Grades K-5:
   Remove you from school for ten days (suspension ), write up a behavior contract and place you on probation for at least one semester. If you do not follow the contract while on probation, you will be expelled for at least one semester.
3. Remove you from school for at least one semester (expulsion).
4. Make up a written contract/plan for you to follow when you return to school from expulsion.

# GENERAL VOCABULARY

1. Code of Student Conduct - Rules of student behavior that the school expects you to follow.

2. Role - The way the school expects students to behave.

3. Student Rights - What is owed to you as a student.

4. Student Responsibilities - What you owe the school because of the rights you have been given.

5. School Staff - The people who work for the school. The principal, teachers, aides, secretary, cafeteria workers, custodian, bus drivers, etc.

6. Disciplinary Response Code - The consequences the principal will enforce if you break the rules.

7. Infraction - What will be considered breaking of school rules.

8. Misconduct - Behavior that results in an infraction of the rules.

9. Level, I, II, III or IV Infraction - How serious the school thinks your misbehavior is. The higher the number, the more serious the infraction and discipline response.

10. Behavior Contract - An agreement between you and a teacher, the principal and/or other school staff.

11. Expulsion - Removal of your right to attend school.

12. Suspension - Temporary removal of your right to attend school or your classes.

## WHAT WILL HAPPEN IF YOU BREAK THE SCHOOL RULES......

1. The member of the school staff who observes the behavior will report it to the school principal. You have the right to tell your side of the story.

2. The principal will determine the level of the behavior (Level I, II, III or IV) and decide upon the correct discipline.

3. The principal will then inform you of the consequences of your behavior.

4. If you are suspended for a total of ten days, or it is recommended that you be expelled, an educational planning conference (EPC) will be held.

5. If the members of the EPC committee (principal, counselor, teacher, school psychologist, area administrator, staffing specialist, you and your parents) feel that your behavior had nothing to do with your Learning Disability, the recommendation for expulsion will be sent to the School Board.

6. The School Board may expel you from school for at least one semester.

7. Your parents may ask the School board not to expel you.

8. If the School board decides to expel you from school, you will continue to receive SLD help, as required by your Individual Education Plan. This is usually done away from the school.

9. If you are expelled, your parents can request an early reentry to the school system.

10. If the committee feels an early reentry might be appropriate (because of your good behavior and interest in returning to school) a meeting will be held. A reentry plan will be written and you will be expected to agree to follow the plan.

11. If reentry plan is approved by the School board you will be allowed to reenter public school.

# CODE OF STUDENT CONDUCT

## Summary

This booklet tells you what the school expects of you, behavior that is not acceptable, and what will happen if you do not follow the school rules.

## The Role of the Student

The school expects you to:

1. Attend classes
2. Be prepared for classes
3. Be respectful of other
4. Use acceptable language
5. Behave in a safe manner
6. Be clean and neat
7. Be responsible for your own work
8. Follow the rules of the school
9. Be a good citizen

## Student Rights and Responsibilities:

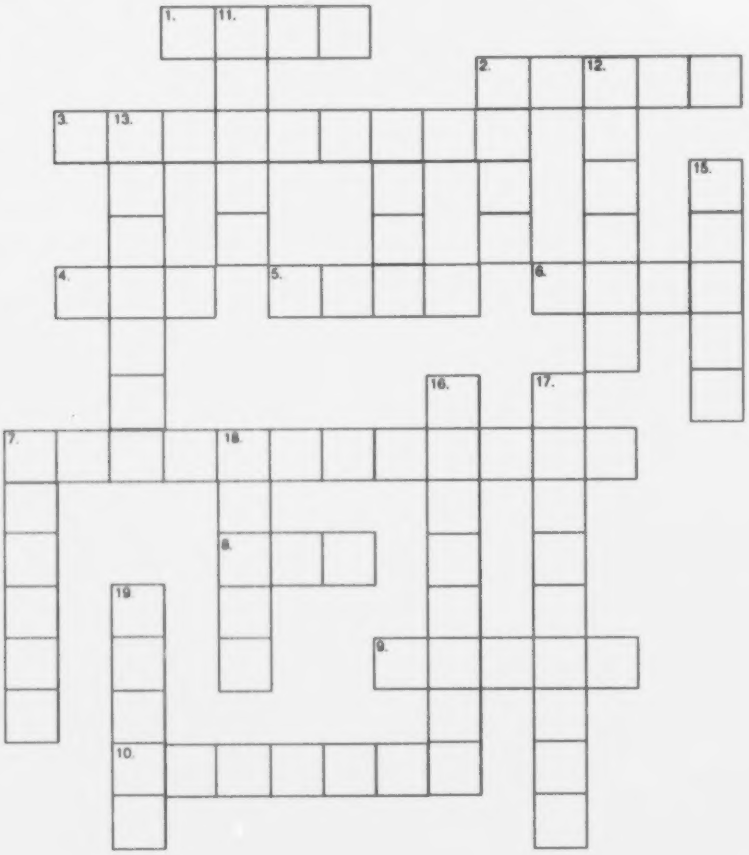
You will be treated fairly but you do have the responsibility to avoid misconduct in the school.

Name: ______________________________ Grade: __________

School: ______________________________________

Prepared by Terry Click, SLD Program Consultant
February, 1984

# DRUGS CROSSWORD PUZZLE: PROPER NAMES AND SLANG



**DOWN:**

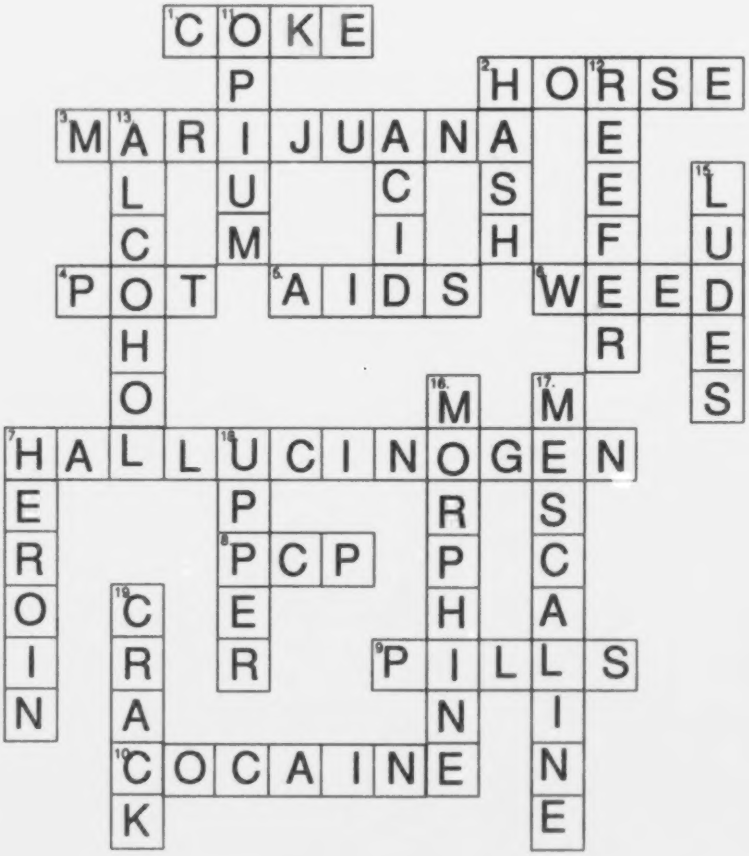
7. Proper name for horse
11. Comes from the Orient
12. Another name for marijuana
13. You find this in some beverages
15. Another name for quaaludes
16. Kills pain
17. Comes from a cactus
18. Opposite of a downer
19. Very dangerous form of cocaine

**ACROSS:**

1. A slang name for cocaine
2. A slang name for heroine
3. This drug contains a high level of THC
4. You can boil water in this and it is a slang name for marijuana
5. You don't want this communicable disease
6. A slang name for marijuana and something that might grow in your yard
7. This makes you see things
8. This makes you violent and unpredictable
9. Doctors may give you these for an illness
10. A very dangerous powder.

## DRUGS CROSSWORD PUZZLE: PROPER NAMES AND SLANG

### Solution



# WORD SEARCH

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Tobacco
Alcohol
Cannabis
Pot
Grass
Weed
Dope
LSD
Cocaine
Coke
Snow
Blow
Crack
Speed
Stimulants
Downers
Amphetamines
Barbiturates
Uppers
Crank
PCP
Angel Dust
Marijuana
Heroin

# WORD SEARCH

### Solution

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## ALCOHOL

| | |
|---|---|
| Classification: | **Depressant** |
| Slang Names: | Booze, Juice, Brew, Vino, Hooch |
| Method of Use: | Orally |
| Dependence Potential: | Physically and psychologically addictive |

### Alcohol is the most widely used and abused drug in America.

Alcohol abuse accounts for approximately 98,000 deaths annually. More than one-half of all murders are committed by people under the influence of this drug. One-half of all arrests, 90 percent of assaults, and over 50 percent of all rapes are related to alcohol use.

One out of every three American adults—56 million people—reports that alcohol abuse has brought trouble to his or her family. Drinking is estimated to be involved in about 50 percent of all spouse abuse cases and up to 30 percent of child abuse cases.

Social costs of alcohol addiction amount to $118 billion a year in lost work time and related health costs, according to the National Institute on Drug Abuse figures. Federal spending on research in alcohol addiction totaled $81 million in 1988, according to the National Institute on Alcohol Abuse and Alcoholism.

Alcoholism is one of the most preventable illnesses; yet seven out of ten adults drink alcohol. Of these, one out of ten is an alcoholic.

### What is Alcohol?

The active ingredient in all alcoholic beverages is ethyl alcohol (ethanol), which is produced by yeast cells acting on carbohydrates in fruits and grains. Ethyl alcohol works much like ether—acting as an anesthetic to put the brain to sleep.

Alcohol is a central nervous system depressant that slows down bodily functions such as heart rate, pulse, and respiration. Small quantities of alcohol may induce feelings of well-being and relaxation; but in larger amounts, alcohol can cause intoxication, sedation, unconsciousness, and even death.

### There are three types of alcoholic beverages:

Beer is fermented from grains and contains three to six percent alcohol.
Wine is fermented from fruit and normally contains 12 to 14 percent alcohol. Fortified wines have additional alcohol added and contain 18 to 20 percent alcohol. Wine coolers are a mixture of fruit juice, sugar, and red or white wine, and contain four to seven percent alcohol. (This is approximately the same alcoholic content as beer.)

Liquor is made from distilled (boiled off) alcohol and contains 40 to 50 prcent alcohol. This is expressed as degrees of proof (two proof equals one percent alcohol). For example, 80 proof liquor is 40 percent alcohol.

## Factors That Influence Alcohol's Effects

Drinking has different effects on different people, and the same amount of alcohol can affect the same person differently on different occasions. Four factors influence how alcohol affects people:

1. Amount of Alcohol. The more alcohol, the stronger the effects. A person may drink beer, wine, or whiskey; what matters is the amount of alcohol that is consumed.

2. Body Weight. People who weigh more are less affected by the same amount of alcohol than lighter people. Alcohol is water soluble—heavier people have more blood and water in their bodies, so the same amount of alcohol will be more diluted.

   Gender also affects the influence of alcohol. Women have a higher proportion of fat and lower amounts of water in their bodies than men; therefore, a woman will have a higher blood alcohol content than a man who is of the same weight and who drinks the same amount.

3. Food. Alcohol "goes to the head" more slowly if one has just eaten or if one eats while drinking. Food slows down the passage of alcohol from the stomach to the small intestine.

4. Attitudes. What a person expects to happen after drinking has a lot to do with what does happen. A drinker who expects to get "high" is more likely to feel or act "high." In one study, an experienced group of drinkers was given a glass of something nonalcoholic but was told it contained alcohol. Most of the group still got "high."

## Immediate Effects of Alcohol

When consumed, alcohol goes right to the stomach and passes through to the small intestine, where it is absorbed into the bloodstream. It takes about 30 seconds for the first amounts of alcohol to reach the brain after ingestion. Once there, alcohol acts primarily on nerve cells deep in the brain.

One drink for the average person (a 12-ounce beer, five ounces of wine, or one and one-half ounces of 80-proof whiskey) will bring a feeling of relaxation. Two and a half drinks in an hour can affect the drinker's judgment and lower his inhibitions. Five drinks in two hours will raise the blood alcohol level (BAL) to 0.10, the level considered illegal for driving in most states. The blood alcohol level is the percentage of alcohol in the bloodstream.

After this amount of alcohol, the average drinker will experience blurred vision, slurred speech, poor muscle coordination, and a lack of rational judgment. Ten drinks will yield a blood alcohol level of 0.20. It will take ten hours for the alcohol to be completely metabolized. After more than 12 drinks, the BAL will rise to 0.30 and the drinker will be in a stupor. A BAL of 0.40 to .050 will induce coma. A drinker in this condition may be near death because he could vomit and choke while unconscious. Breathing is likely to stop with BAL of .60.

Eliminating alcohol from the body is a long process. About 90 percent must be metabolized through the liver. The remaining ten percent is eliminated through the lungs and urine. It takes about one hour to eliminate one-half ounce of alcohol.

Heavy drinking in a short period of time will often cause a hangover the next day. A hangover is a sign of alcohol poisoning; it is the body's reaction to alcohol withdrawal. Symptoms of a hangover include nausea, disorientation, headache, irritability, and tremors.

## What is Alcoholism?

Though there are many definitions, E.M. Jellinek, a pioneer in alcohol studies, defines alcoholism as "any use of alcoholic beverages that causes any damage to the individual or to society or both."

**Currently there are three different theories to explain alcoholism:**

Genetic Theory defines alcoholism as the result of a predisposed reaction to alcohol due to chromosomes, genes, or hormonal deficiencies.

Psychological Theory defines alcoholism as a condition that exists in which people have a preset disposition or personality that sets off a reaction to alcohol.

Sociological Theory defines alcoholism as a learned response and that addiction is a result of the influences of society.

Whatever definition or theory we use, we know that alcoholism is a progressive illness that can be treated. Each alcoholic has a different drinking pattern, but the one thing all alcoholics have in common is an uncontrollable drinking habit.

## Alcoholism has three distinct stages:

### Early Stage

A drinker in the early stage of alcoholism uses alcohol as a coping devise to relieve tension or escape from problems. The drinker must drink more and more to achieve the same effect, and he has trouble stopping after one drink. He makes promises to quit drinking but never follows through.

### Middle Stage

A drinker in the middle stage of alcoholism cannot get through the day without alcohol. He may need a drink in the morning to overcome the "shakes." The middle-stage drinker will begin to manipulate others, lie about drinking, and may drink in secret or hide alcohol. It is harder and harder to get the same effects as tolerance builds. Irregular heart beat, hypertension, loss of appetite, irritability, and insomnia are physical and psychological problems at this stage. He denies drinking is a problem.

### Late Stage

The drinker now lives to drink. He avoids and distrusts others. All ambition is lost and the drinker is unable to cope with responsibility and is often absent from work. A late-stage drinker may suffer from reverse tolerance: the brain and liver can no longer tolerate a high level of alcohol, so the drinker becomes impaired after even small amounts of alcohol.

Malnutrition, nerve dysfunction, loss of memory, mental confusion, impaired vision, hypertension, heart disease, cirrhosis of the liver can occur during this stage. If drinking stops, there are severe withdrawal reactions. Late-stage psychological problems include shame, guilt, severe depression, violent behavior, low self-esteem, loss of control of emotions, loss of concentration and learning ability.

At this point, the drinker hits rock bottom. The alcoholic may continue to drink despite pain or disability. His only viable alternative is to seek treatment.

## Long-term Effects of Alcohol

Frequent and prolonged use of alcohol has many detrimental effects on the body. Heavy drinkers develop a tolerance for alcohol, which means that larger amounts of alcohol are needed to get the desired effect.

A drinker is physically dependent if he experiences withdrawal symptoms when alcohol use is discontinued abruptly. Symptoms vary but include delirium tremors (the "DTs"), cramps, vomiting, elevated blood pressure, sweating, dilated pupils, sleep problems, irritability and convulsions. Most of these symptoms will subside in two to three days, though irritability and insomnia may last two to three weeks. A drinker is psychologically dependent when he becomes so preoccupied with alcohol that it is difficult to do without it.

Short-term memory loss and blackouts are common among heavy drinkers. A blackout, which is an amnesia-like period often confused with passing out or losing consciousness, results when the drinker appears normal and may function normally; however, the person has no memory of what has taken place. Research indicates that blackouts are associated with advanced stages of alcoholism, and there is a correlation between the extent and duration of alcohol consumption during any given drinking episode and the occurrence of blackouts.

## Medical Complications of Heavy Alcohol Use

### Gastrointestinal System

Alcohol acts as an irritant and increases the amount of hydrochloric acid (a digestive juice) that is secreted from the stomach lining. Intoxicating amounts of alcohol cause the digestive process to stop, robbing the body of vital vitamins and minerals.

Alcohol in combination with other stomach irritants such as aspirin can cause gastritis, ulcers, and severe bleeding.

### Liver Disorders

The liver maintains the blood sugar level in the body. This sugar (glucose) is the only source of energy that brain cells can use. When alcohol is consumed, the liver's attention is diverted from maintaining the sugar level to ridding the body of the alcohol, thus denying the brain the energy it needs to function properly.

### Liver disorders associated with heavy alcohol use are:

Fatty liver gets its name from the deposits of fat that build up in normal liver cells. It is caused by the decreased breakdown of fatty acids by the liver and occurs when 30 to 50 percent or more of the drinker's dietary calories consist of alcohol. Acute fatty liver is reversible if alcohol use is stopped.

Alcoholic hepatitis often follows a severe or prolonged bout of heavy drinking. The liver becomes inflamed, damaging many liver cells, and metabolism is seriously disturbed. Symptoms include jaundice (yellowish color of the skin and whites of the eyes), weakness, loss of appetite, nausea, vomiting, low-grade fever, dark urine and mild weight loss. Alcoholic hepatitis is usually reversible with abstinence from alcohol. In some drinkers, it can be fatal or can become chronic. Alcoholic hepatitis precedes alcoholic cirrhosis in some cases.

Cirrhosis of the liver is a condition in which there is major destruction of liver cells and a build-up of scar tissue. One in ten long-term heavy drinkers will eventually develop cirrhosis of the liver, and because of the irreversible damage caused, a person with cirrhosis will most likely die within five years.

### Heart Disease

Moderate drinking causes a significant rise in blood pressure. Heavy alcohol use is an important factor in causing high blood pressure and enlarged heart, which increase the risk of heart attack and stroke. As few as two drinks a day can lead to impaired muscle functioning of the heart.

### Reproduction and Pregnancy

Effects of heavy alcohol use include missed menstrual periods in women and diminished libido and possible sterility in men.

A woman who drinks alcohol during pregnancy risks the health of her unborn child. Alcohol passes freely through the placenta, creating a level in the fetus almost identical to that in the mother. Babies whose mothers drink frequently or heavily during pregnancy may be born with serious birth defects. These defects are termed Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE), which include babies affected by alcohol but without the full set of FAS characteristics. These characteristics are low birth weight, physical deformities, heart defects, joint and limb malformations and mental retardation. FAE complications include spontaneous abortion, stillbirth delivery, low birth weight, neurobehavioral abnormalities, mental retardation, cerebral palsy and learning disorders.

## Treating Alcoholism

The sooner alcoholism is detected, the better the chances of recovery. There are several effective treatment methods for alcoholism, and what works for one person may not work for another. Many options should be explored when seeking help. Local or state health organizations can be contacted to find out what treatment exists in each community.

The important part of seeking treatment is the motivation and determination of the alcoholic to recover. It is also important for the family of the alcoholic to participate in treatment so they will better understand the alcoholic's problems and how family members also have been affected by alcohol.

## For More Information:

The Clearinghouse
Florida Alcohol and Drug Abuse Association
1286 North Paul Russell Road
Tallahassee, Florida 32301
904/878-2196

# AMPHETAMINES

| | |
|---|---|
| Classification: | Stimulants |
| Slang Names: | speed, ups, uppers, white crosses, dexies, bennies, black beauties, crystal and crank |
| Mode of use: | swallowed (capsule form), sniffed, injected |
| Dependence Potential: | psychologically addictive |

## What are Amphetamines?

Amphetamines are synthetic psychoactive drugs that stimulate or increase the action of the central nervous system. They are available legally by prescription, and have been used medically to treat obesity, fatigue and depression. Today, medical use of amphetamines are limited to treating MBD (minimal brain dysfunction) in children and narcolepsy, a rare disorder in which an individual is overcome by sudden and uncontrollable attacks of deep sleep.

Amphetamines have become a popular "street drug." Legally produced amphetamines may be sold on the black market but quality and quantity of the drug may vary. Underground chemist have also developed a "look-alike" amphetamine that is being sold on the street. "Look-alikes" are drugs manufactured to look like real amphetamines and mimic their effects. They are sold on the street as "speed" or "uppers" and are expensive, even though they are a weak substitute for amphetamines. The drugs contain varying amounts of less potent stimulants such as caffeine, ephedrine and phenylpropanolamine - all legal substances that are usually found in over-the-counter diet pills and decongestants.

One the greatest dangers of "look-alikes" is that they are readily available and there is no way to know what you're really getting. There have been reports of users who have overdosed because they unknowingly purchased real amphetamines and took the same amount as they would take of the "look-alikes." Users of true amphetamines may also underestimate the potency of the "look-alike" drugs and take excessive amounts that can result in a toxic reaction.

## Short-term Effects of Amphetamine Use

The effects of any drug depend on the amount taken, the past drug experience of the user, circumstances in which the drug is taken (the place, feelings, activities, and other people involved) and the mode in which the drug is taken.

At low doses, amphetamines reduce appetite, increase breathing and heart rate, raise blood pressure, and dilate the pupils. Moderate doses can cause a dry mouth, fever, sweating, headache, blurred vision, dizziness, diarrhea, constipation and loss of appetite. High doses of amphetamines may cause flushing, pallor (become pale), very rapid and irregular heart beat, tremors, loss of coordination or physical collapse. Injecting amphetamines creates a sudden increase in blood pressure that can cause death from stroke, very high fever, or heart failure.

In addition to the physical effects of amphetamines, users report feeling restless, anxious and moody. Increased doses intensify the effects and users may become excited, talkative and have a false sense of self-confidence or superiority. They may behave in a bizarre manner and some become aggressive and hostile.

## Long-term Effects of Amphetamine Use

Prolong used of amphetamine can lead to malnutrition and vitamin deficiencies, skin disorders, ulcers, lack of sleep, weight loss and depression. Frequent use of large amounts can produce brain damage that results in speech and thought disturbance.

Users of large amounts of amphetamines over a long period of time can develop an amphetamine psychosis, a mental disorder very similar to paranoid schizophrenia. They hallucinate (see, hear and feel things that do not exits), experience delusions (irrational thoughts or beliefs) and become paranoid (feel as though people are out to get them). People in this state usually exhibit a bizarre - sometimes violent behavior. Symptoms usually disappear within a couple of weeks after drug use stops.

Amphetamines also have the potential to produce tolerance - meaning that increased amounts of the drug are needed to achieve the desired effects.

Withdrawal symptoms can also occur when the use of the drug is stopped abruptly. Users may experience fatigue; long, but disturbed, periods of sleep; irritability, intense hunger; and moderate to severe depression. The length and severity of the depression seems to be related to how much and how often the amphetamines were used.

The effects of amphetamines on the fetus during pregnancy have not been fully established. Experiments with animals suggest that use of this drug during pregnancy may produce adverse behavioral effects such as hyperexcitability in offspring. Babies born to amphetamine - abusing mothers may also experience withdrawal symptoms shortly after birth.

## Signs and Symptoms of Amphetamine Use

Below are several signs that may indicate the use of amphetamines.

Dilated pupils
Dry mouth and nose
Bad breath
Frequent lip licking
Excessive activity, difficulty sitting still, lack of interest in food or sleep
Irritable, moody, nervous
Argumentative
Talkative

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## BARBITURATES

| | |
|---|---|
| Classification: | **Sedative Hypnotic** |
| Slang Names: | **barbs, bluebirds, blues, tooies, downers, phennies, yellow jackets, blue devils, reds and rainbows** |
| Method of use: | **swallowed, injected** |
| Dependence Potential: | **physically and psychologically addictive** |

### What are Barbiturates?

Barbiturates are a synthetic drug classified as a sedative hypnotic. Sedative hypnotics depress or slow down the body's functions. Often these drugs are referred to as tranquilizers, sleeping pills, or simply sedatives. Their effects range from reducing anxiety to inducing sleep, depending on the amount taken.

There are several medical uses for barbiturates, besides controlling anxiety and sleep disturbances. They are also used as a mild form of anesthesia and to control peptic ulcers, high blood pressure and epileptic seizures.

Barbiturates are also a popular "street" drug. Commonly abused barbiturates include amobarbital (Amytal), pentobarbital (Nembutal), and secobarbital (Seconal). These drugs account for approximately one-third of all reported drug-related deaths, including suicides and accidental drug poisonings. Accidental deaths may occur when a user takes one dose, becomes confused, and unintentionally takes an additional or larger dose.

Using barbiturates in conjunction with alcohol is especially dangerous; because alcohol is also a CNS (central nervous system) depressant, the effects are multiplied and the risk of death increases. Overdose deaths are more frequent when alcohol and barbiturates are mixed, whether accidentally or deliberately.

### Physical Effects

The effects of barbiturates are much like the effects of alcohol. Small amounts produce calmness and relax muscles. Larger doses cause slurred speech, staggering, and poor judgement. High doses can cause unconsciousness and death. Effects of prescribed doses of short-acting barbiturates such as secobarbital generally last 4 - 6 hours while effects from phenobarbital, a longer-acting barbiturate will last from 8 - 12 hours.

When taken, barbiturates slow down CNS activities such as heartbeat, breathing, brain activities and reflexes. Because physical and mental responses are slowed down, it is dangerous for users to drive a car or operate machinery while under the influence of this drug. Other physical effects of barbiturates use include difficulty in breathing, lethargy, allergic reactions, nausea, and dizziness.

## Psychological Effects

Barbiturates produce a feeling of euphoria, tranquility and temporary relief of anxiety. Regular and prolonged use of barbiturates induce tolerance—the need for higher doses of a drug to produce the desired effect. Physical and psychological dependence and withdrawal symptoms occur when use of the drug is abruptly stopped. Withdrawal symptoms range from restlessness, insomnia and anxiety to convulsions and death.

Because the drug can easily pass through the placenta, use of barbiturates during pregnancy may cause birth defects and behavioral problems in babies. Babies may be physically dependent on the drug at birth and experience withdrawal symptoms shortly after they are born. Their symptoms may include breathing problems, feeding difficulties, disturbed sleep, sweating, irritability, and fever.

## Signs and Symptoms

The following signs and symptoms may indicate the use of barbiturates.

> Symptoms of alcohol intoxication with no odor on the breath, however many users combine alcohol and barbiturates
>
> Slurred speech, lethargic
>
> Lack of facial expression or animation

Activities such as frequent visits to several physicians to obtain prescriptions to treat nervousness, insomnia, stress, or tension. Abusers may also visit numerous pharmacists to have the prescription filled

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# CHILDREN OF ALCOHOLICS

## In the Classroom

Children who grow up in alcoholic families are three to five times more likely to develop alcoholism, drug abuse, eating disorders or other addictive/compulsive behaviors than the rest of the population. It is estimated that there are 9 million children of alcoholics in schools throughout the United States. Sadly, only five to ten percent of all children of alcoholics in school receive any kind of help. The following story dramatizes the invisibility often associated with children of alcoholics: Jennie is eight years old and living in an alcoholic home. She's a quiet child and her teachers often overlook her. She seems to be very withdrawn and depressed, does not act out and has very few friends. Sometimes when you really watch Jennie, you will notice a glimpse of creativeness in her art or drama, something that shows she is unique. She seems to struggle around verbal and written skills. She generally stays alone on the playground, and sometimes the other children tease or pick on her. She never seems to get involved when they are picking on other children. When you look carefully, you notice her isolation. But most of all, she attracts no attention. Inside of Jennie is a constant feeling of rejection, hurt and anxiety. She feels unimportant, unloved. Jennie doesn't appear to be a problem to her school. Her survival role of a lost child makes her prone to other addictions, likely to have difficulty with ongoing relationships, and have a tendency to feel isolated and alone. Jennie may be a candidate for teenage suicide. Her high level of anxiety makes it difficult for her to learn since she has a hard time relaxing. She is determined to pass through life unnoticed, believing that this is the safest course to avoid violence, anger and rejection.

Each child is affected differently when growing up in an alcoholic family—depending on the age of the child at the onset of their parent's alcoholism, the child's sex, the frequency of drinking, violence in the home versus passivity and the child's perception of the alcoholism.

Children who live in alcoholic families generally have not matured emotionally, intellectually, or spiritually. The child may not receive proper physical care and unlike the rest of the population their age, the child must take care of him/herself.

Emotionally, alcoholic families don't allow the expression of feelings and so the stages of emotional development are not completed. There are no appropriate role models for the child. The child suffers intellectually because the alcoholic parent is not available. The child's reading level is shown to be congruent with the amount of reading that they see their parents doing or encouraging. In an alcoholic home, little time is spent on reading to a child. There is also a shortage of dialogue or discussions to challenge and help the child's intellectual growth. Spiritually there is no ongoing discipline to utilize rituals or discuss religion in the child's family because the central and most important focus is alcoholism.

Sharon Wegscheider-Cruse defined four specific roles adopted by children of alcoholics. They are: the Hero, the Scapegoat, the Lost Child and the Mascot. Usually a child will adopt one or a combination of roles. These roles help the child feel safe and in control. There is also an exaggerated and rigid identification for the child and it is difficult for them to act outside of the role. Hidden underneath, the child feels a constant sense of shame, guilt and crisis, but the child often avoids expressing any feelings.

It is important to understand that children of alcoholics do not choose their role in society but must accept their role as a means of survival. This is particularly evident during times of stress. The classroom is often an area of stress for children. They can be helped by providing a wider range of options to help them cope within their environment.

## The Hero

The hero is the child who is always volunteering, is responsible, and feels a desire to be the best. They tend to be a leader, are controlling, rigid around other students, and have a need to help people and gain attention. In athletic competition, they exhibit poor sportsmanship because winning is so important. The hero may be obnoxious, and often referred to as a teacher's pet. This person needs structure and order. It is important to help this child know it's "okay" to make a mistake, to get less than 100%, or to not always get their needs met through attention and approval. Encourage them to allow others to be leaders. When giving this person a compliment, separate their behaviors, their achievements and their person. Let them know that you care about them no matter what they do. Help them share the conversation instead of monopolizing it. Don't always call upon them.

## Scapegoat

The scapegoat is the one child of the alcoholic that is recognized frequently in the schools. They disturb classes, break rules, talk back, rarely do their schoolwork, are irresponsible, blaming, and are generally hostile and defiant. Scapegoats seem to develop a chemical dependency problem and are often referred to special education. In terms of behavior, this small group of children of alcoholics becomes the center of attention in the classroom and in the family. Through this behavior, the child gets attention and feels significant and powerful.

To help this child, it is important to set clear limits and help the child see that their choices are encouraging the consequences. It is essential that you consistently follow through with the promises that you make to this child. Help them understand that they are responsible for their behavior. Disengage yourself from their anger and frustration. Encourage them to take a leadership role. Be calm and clear with a sense of control whenever dealing with the defiance which is often manifested between the teacher and the scapegoat. Teachers often desire to rescue the scapegoat because they see the child hurting. It is important not to feel sorry for them. This gives the child more attention and enables them to continue deviant behavior. Don't let them get away with breaking rules. Work with them to increase their attention span which is generally low. When possible, don't get into an interchange with this child in front of other students, they thrive on the negative attention. One-to-one interaction is more effective. Most of all, recognize their behaviors that are responsible.

## Lost Child

Like Jennie, a lost child is a child who has decided to not make waves. They are not very talkative. The lost child won't get an A or and F but will stay in the middle so as not to draw attention to themselves. The child seems to have a short attention span and can create a whole fantasy world during a time of stress. They usually can disconnect from their emotional world. They will not volunteer to answer questions in class, but will answer if called upon.

Dealing with this child is difficult since most of the educational systems are strapped with high ratios of 20 to 30 students to one teacher. This child of the alcoholic tends to get lost easily in big classes. To create options for the lost child, try to make contact one-to-one with them, find out who they are and what their interests are. Begin to treat them special. Understand that they have a creative side. Encourage them to work in small groups. Help them build relationships with other students in the classroom. Call upon them to answer questions. Prepare them to be leaders. Encourage them to get involved in extra-curricular activities. Notice whether they are active or not active. Listen intently to what life is like for them.

## The Mascot

During time of stress in the classroom, the mascot becomes a class clown. They say things without raising their hands. The child tries to encourage laughter or look like a fool. The mascot has learned this survival role to diffuse stress and feels significant and powerful when they are able to make people laugh.

Set clear and specific limits with the mascot. Try not to get involved in the laughter of the students at the mascot's silly behavior. Encourage them to be leaders, to raise their hands and be responsible. Stroke them when they have been appropriately humorous. Help them be in positions of importance in your class or in the school. By listening intensively and being calm, you may encourage the child to seek help in a support group like Ala-Teen or a Student Assistance Program. Support groups like this encourage a child to talk about what it is like to live in an alcoholic home, help them begin to trust other students, express feelings, and understand their origin. They also help these children relate to peers and adults positively. When they learn that alcohol and drug abuse is a "disease" it decreases feelings of pain and sense of responsibility for the problems in their family. They feel less anxious and less burdened with life. With this awareness, their school performance should improve.

## Conclusion

The teacher can help change the child of an alcoholic's view that they are sick and dysfunctional. The teacher can confirm that they are experiencing normal reactions to an extremely abnormal situation. The inconsistency, unpredictability, and lack of dependability which are common in an alcoholic home can make a child fearful, confused, anxious, and hypervigilent. Teachers can help these children have a normal childhood by encouraging them to use their imagination, to be creative, and to laugh and be playful. Act as a nurturing adult and encourage a trusting and supportive relationship in the classroom. This will create more options and challenge them to leave their old survival techniques and develop healthy, new attitudes.

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Written for Florida Alcohol and Drug Abuse Association by Stephen Andrew and Penelope Reilly, MSN, RSAC of Day One.

## COCAINE

| | |
|---|---|
| Classification: | Stimulant |
| Slang Names: | caine, coke, snow, toot, white lady, nose candy, blow, lines, rails, rock |
| Methods of Use: | sniffing/snorting, inhalation, injection |
| Dependence Potential: | psychologically and physically addictive |

### What is Cocaine?

Cocaine is a short-acting, powerful, central nervous system (CNS) stimulant which comes from the South American coca bush. The cocaine (cocaine hydrochloride) most common in this country is a white crystalline powder extracted from the leaves of the coca. The illicit "street" drug is a mixture of this pure substance and adulterants (comprising 5 to 70 percent of the mixture) added to stretch the supply and to increase the seller's profit. Talc, flour, laxatives, sugar, local anesthetics, and other stimulants or powders are just a few of the additives that cocaine is "cut" with.

Users buy powdered cocaine in grams (1/28 ounce) or in fractions of a gram called "quarters" or "eighths." Often, cocaine is snorted through the nose using plastic straws or rolled-up dollar bills. Razor blades are used to crush any large rocks or particles of cocaine and to form "lines" to make snorting easier. Some users inject cocaine into a muscle or vein, or convert cocaine into a smokable form called freebase.

### What is Freebase?

Freebase is a form of cocaine that is smoked. It is the result of a chemical process whereby "street cocaine" (cocaine hydrochloride) is converted to a pure base by removing the hydrochloride salt and many of the "cutting" agents. This process usually involves the use of ether, which is a highly flammable solvent. The end product, freebase, is not water soluble. Therefore, the only way to get it into the system is to smoke it.

### What is Crack?

"Crack" is a light brown or beige pellet of ready-to-smoke freebase cocaine. It is formed when powdered cocaine is melted in a glass tube with water. When the liquid cools, it is mixed with baking soda and cold water and cut into small pieces which then harden. In some parts of the country, lumps of crack are called "rock" or "ready rock." In other areas, the drug is sold in 3-inch sticks with ridges that are referred to as "french fries" or "teeth." There are also reports that crack is being pressed into pills. Crack should not be confused with "rock cocaine" which is a cocaine hydrochloride product for intranasal snorting and is sold in California.

Crack is very addictive. Because it is smoked, high doses of cocaine reach the brain almost instantly, causing a dramatic high. This rapid "high" is followed by a profound "low" that leaves the user craving more. As a result, physical and psychological addiction can occur in as little as two weeks.

## How Cocaine and Crack Affect the Body

Immediate Effects:

When cocaine is "snorted" the effects begin within a few minutes, peak within 15 to 20 minutes and disappear within a few hours. Low doses produce a short-lived euphoria and feelings of increased energy, alertness, self-esteem and sensory awareness. While artificially depleting the body's energy supply, cocaine also reduces the perceived need for food and sleep and can cause impulsive behavior and mood changes.

Smoking freebase produces a shorter more intense "high" (lasting from 2 to 3 minutes) because inhalation is the most direct and rapid way to get the drug to the brain. Because larger amounts are getting to the brain more quickly, smoking also increases the risks of using the drug. Such risks include: confusion, anxiety, slurred speech, and psychological problems.

When crack is smoked, an intense and rapid euphoria, commonly known as a "flash high," is produced. The cocaine molecules reach the brain in less than ten seconds. The three to five-minute high is followed by an unpleasant crash. The user feels irritable, agitated and has an intense craving for more cocaine. The craving is caused by a high concentration of the drug in the bloodstream. The initial high is never reached again and the subsequent lows keep getting lower. This cycle reinforces the craving.

Injecting cocaine produces an effect within 30 seconds, which peaks in 5 minutes and lasts about 30 minutes. Users who inject run the risk of getting hepatitis, AIDS and other infections from using unclean needles.

## Long-term Effects

Heart- Cocaine and crack constrict the heart's blood vessels, making it work harder and faster to move blood through the body. In some users, this stress may trigger chest pain or a heart attack. The drug can also interfere with the signals controlling the heart's pumping action. When this happens, the organ beats so irregularly it may stop. Cocaine, in all forms, including crack, has been associated with sudden heart attacks in people under the age of 30, some of whom had used the drug for the first time.

Brain- Cocaine and crack can cause brain seizures, a disturbance in the brain's electrical signals, some of which regulate the heart and muscles controlling breathing. Studies show that over time, the brain appears to become more and more sensitive to cocaine. As a result, the threshold at which seizures occur is lowered. Repeated use of the drug without experiencing problems does not guarantee seizures will not occur. The next dose—used in the same amount and the same way—can produce a seizure that may cause the heart to quit beating or the muscles controlling breathing to stop working.

In addition, some users have suffered strokes after using cocaine—the increase in blood pressure caused by cocaine may rupture brain blood vessels.

## Changed Behaviors of Cocaine and Crack Users

The obsessive, drug-seeking behavior of cocaine and crack users seems to be due to the drugs' overwhelming influence on what has been called the "reward center" in the brain. Cocaine appears to cause an intense stimulation of the center by allowing a brain chemical called dopamine to remain active longer than normal. This causes changes in brain activity and triggers an intense craving for more of the drug. The user may compulsively use cocaine or crack just to feel normal.

Violent, erratic, or paranoid behavior can sometimes accompany use of these drugs. This "cocaine psychosis," which can occur in all cocaine users, may appear more rapidly in those who smoke crack. Affected users can be anxious, believe they have superhuman powers, or become suspicious and paranoid to the point where they believe that their lives are in danger and react in bizarre or violent ways. Hallucinations are also common. Users may hear or see things that don't exist, or they may experience "coke bugs"—a sensation of imaginary insects crawling over the skin.

## Other Effects of Cocaine and Crack Use

Suicidal tendencies
Dramatic mood swings
Chronic nose bleeds and runny nose
Chronic sore throat
Loss of friends and former values
Miscarriage/birth defects
Loss of interest and motivation
Miscarriage/birth defects
Loss of interest and motivation
Chronic nausea/vomiting
Chronic fatigue/exhaustion
Weight loss, resulting from a loss of appetite
Chronic sleep problems
Chronic headaches
Respiratory ailments
Vitamin deficiencies
Addiction
Death
Crime/arrests

Cocaine abusers often depend on other drugs, including alcohol, to help them sleep or to combat the jittery feeling that characterizes the cocaine high.

## Signs and Symptoms of Cocaine Abusers

Dilated pupils
Dry mouth and nose, bad breath, frequent lip licking
Excessive activity—difficulty in sitting still
Lack of interest in food or sleep
Irritable, anxious, restless
Talkative but conversation lacks continuity
Runny nose, cold or chronic sinus/nasal problems or nosebleeds
Sudden drop in grades or work performance
Frequently in trouble or has accidents

Use or possession of paraphernalia including small spoons, razor blades, mirror, little bottles of white powder, plastic, glass or metal straws, glass pipes and miniature blow torches

## Withdrawal Symptoms

People who stop using cocaine often experience irritability, nausea, agitation, sleep disorders, severe depression, muscle aches and an intense craving for the drug.

## Treatment

The long-lasting craving for these drugs makes addiction hard to treat without assistance. The first step in treatment is detoxification, ridding the body of the drug. This is sometimes followed by medication, such as antidepressants, to help control the craving and treat the severe depression that occurs after cocaine or crack is withdrawn. Treatment programs also help the recovering user find other alternatives to curb the craving the drug. Often this help is through a combination of individual, group, and family counseling in addition to other techniques aimed at changing behavior.

The key to successful treatment is restructuring the addict's daily life. The cocaine-addicted client has several internal and external "triggers" that, if not avoided, can rekindle the hunger for cocaine. Internal triggers include boredom, stress, and the need for rewards. External triggers include extra money, familiar music, paraphernalia, and past relationships—anything that can remind them of life with cocaine. The goal of recovery programs is to improve self-image and promote healthy living without drugs. Supportive family members or close friends of the person in treatment can often help make recovery a success. Many recovering individuals also find strength and support in attending Cocaine Anonymous or Narcotics Anonymous, which are self-help support groups modeled after the Alcoholics Anonymous program. To achieve recovery, the cocaine abuser must begin anew and develop a lifestyle of healthy attitudes and activities.

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# DESIGNER DRUGS

## What are Designer Drugs?

Designer Drugs are variations of already federally controlled synthetic drugs which mimic the effect of the classical narcotics, stimulants, and hallucinogens. Black-market chemists can create new, untested, legal drugs by slightly altering the molecular structure. The term designer drug also refers to a "new drug" that appears on the street, such as "crack", and are forms of already existing drugs. (Kirsch, M.M.; Designer Drugs; Comp Care; 1986).

The number of potential synthetic analogues that can be made and distributed is extremely large. Synthetic analogues that are currently available through the black market are divided into three types: analogues of phencyclidine (PCP), analogues of fentanyl and meperidine (both synthetic narcotic analgesics) and analogues of amphetamine and methamphetamine (which have hallucinogenic and stimulant properties)

## PCP Analogues ("Dust")

PCP first appeared in the 1960s but quickly gained a reputation because of its "bad trip" which often caused users to become aggressive and violent. In the late 1970s, PCP resurfaced in a smokeable form and became popular because it offered a cheap high that lasted sometimes for a full day.

PCP is a white powder that dissolves in water. It has been sold in the form of tablets, powder, and more frequently as a liquid for dipping cigarettes. In the past five years, a few "designer" PCP derivatives have surfaced, these include: TCP, PCE, PCPY, PCC and Ketamine. In 1986, a new drug called "Wack" was being sold in Dallas. The drug was being smoked and contained PCP, formaldehyde and a common roach spray. On the East Coast, Space Base, which is a mixture of "Crack" and PCP became popular. The combination of these drugs produced powerful mood changes and a loss of contact with reality.

In small doses, PCP users exhibit agitation and excitement; gross incoordination; blank stare; catatonic rigidity; inability to speak; rapid involuntary vibration of the eyeball; flushing; and profuse perspiration. In moderate doses - PCP causes: coma or stupor; vomiting; hypersalivation; shivering; and fever. In high doses - users experience prolonged coma; hypertension and convulsions.

When treating a PCP user, it is best to keep them in isolation. Outside stimulation can often cause paranoia, anxiety and violent behavior. If a patient suffers respiratory depression, convulsions and coma, it is necessary for them to be on a full life-support system in an intensive-care unit.

There appears to be a declining interest on the black market to design new forms of PCP because of its bad reputation. The manufacturers that are involved in the trade continually fear the risk of getting caught.

## Fentanyl Analogues

Marketed as "China White," "Synthetic Heroin," "Mexican Brown," or "Persian White," this synthesized designer heroin is anywhere from several hundred to three thousand times stronger than morphine. It is contaminated with many impurities, is disguised and sold as heroin, cocaine or speed and has caused countless deaths over the years.

Fentanyl is a synthetic narcotic used in about 70% of all surgeries in the United States. Alpha-methyl fentanyl is a simple derivative of fentanyl and is the identifying substance in designer heroin. Its chemical structure is different from heroin and morphine, but it has identical pharmacological and toxicological effects. It is sold in powder form and often diluted with large amounts of powered sugar, baby laxative or antihistamines. Intravenous injection is the most common route of administration; however, smoking or snorting are increasing in popularity. Addiction potential is extremely high because repeated use produces tolerance and physiological dependence.

Fentanyl acts primarily on the central nervous system and the gastrointestinal tract. Users often exhibit euphoria, drowsiness, respiratory depression, constipation and muscle rigidity. The most acute of these is respiratory depression. Fentanyl produces a decrease in heart rate of up to 25% and a parallel blood drop of up to 20%. The effects of the fentanyl derivatives on the respiratory system are unknown. It can only be assumed the effects would be more intense due to its higher potency.

There are several withdrawal symptoms the user will experience during detoxification of the drug. These symptoms include: runny nose, tearing, sneezing, irritability, insomnia, loss of appetite, abdominal cramps, pain in the bones and muscles of the back, excessive sweating, nausea, tremor, increased heart rate and blood pressure, and diarrhea, all leading to weight loss and dehydration. There is also evidence that irreparable damage can be done to the brain's receptors from a single injection of either too much or too potent a designer heroin. Safe experimental nondrug therapies for treating withdrawal symptoms have had positive results, and the user may find help and support at such organizations as Narcotics Anonymous. (M.M. Kirsch, 1986)

## Meperidine Anologues

Meperidine (also know as Demerol) is a synthetic narcotic used to control severe pain. Two designer drugs, similar in structure to meperidine, that have appeared on the street are MPPP and PEPAP. These derivatives are much more potent than meperidine. MPTP has caused irreversible brain damage in several individuals and is manifested in a syndrome very similar to Parkinson's disease - a disease which kills nerve cells in a tiny area at the base of the brain responsible for motor movement and the production of dopamine - a neurotransmitter. Symptoms of Parkinson's disease include: rigidness, palsy, bent-over posture and difficulty speaking. MPPP, with its contaminant MPTP, is usually sold as heroin. On the street, it has been given names such as "synthetic heroin," "new heroin" and "synthetic demerol." It has been sold as an all-purpose "analgesic painkiller."

Meperidine analogues are usually sold as white powder and are administered intravenously - some, however, snort the drug. When injected, contaminated meperidine users reported feeling a severe burning in their veins. Other effects felt included: a metallic or medicinal taste in their mouth; jerking of limbs; tightness, stiffness, aching or freezing of muscles; lack of coordination; numbness of extremities; loss of facial hair; increased oiliness of skin; difficulty opening eyes and blurred vision; difficulty speaking and swallowing; drooling; a very spaced hallucinogenic high; and excessive sweating. Victims of MPTP poisoning suffered extreme symptoms - several of them literally froze up.

Treating victims of MPTP is difficult. Users who have been exposed to the toxin often do not exhibit symptoms of Parkinson's disease for several months or years, or they may not recognize the early stages of the disease. Doctors currently use L-dopa, a prescription drug, to temporarily treat Parkinsonism. The body chemically changes L-dopa into dopamine. In the future they hope to use MAO inhibitors (MAO catalyzes the oxidation of dopamine) to slow the progression of the disease.

## Amphetamine and Methamphetamine Analogues

Amphetamines are a large group of synthetic drugs. They are classified as a central nervous system stimulant because of their euphoric effects. Methamphetamine was synthesized in 1919 and was found to have similar properties as amphetamines. Like other stimulants, methamphetamine produces euphoria, relieves fatigue, suppresses appetite and reduces the need for sleep. The street names for methamphetamine include "Crystal," "Crank," or, more commonly, "speed." These drugs are popular because they are cheap and have a lasting effect. A designer crystal has appeared recently called "Glass" because it resembles tiny chunks of translucent glass. Some believe glass is a freebased (smokeable) form of crystal but black marketers say it is just a new way of producing crystal.

When taken intravenously, the effects of crystal are felt instantaneously. The methamphetamine high lasts an average of four to six hours. The users quickly build a tolerance to these drugs and must continually increase consumption to obtain the same effects. Therefore, addiction probability is high. Adverse reactions to these drugs depends on the user's sensitivity and tolerance. Headaches, dizziness, confusion, agitation, nausea, and muscle aches and pains are common complaints. As the user increases the dosage, bizarre behavior is manifested by paranoia, frequent mood changes. Psychosis is exhibited after prolonged chronic use of the drugs.

Another current methamphetamine analog that is extremely popular among college students and young professionals is MDMA a.k.a. "Ecstasy" a.k.a. "XTC" a.k.a "Adam." This new drug is considered the licit parent (and illicit daughter) of MDA (the "love drug") and methamphetamine (Kirsh, M.M; 1986). MDA is an amphetamine-like drug. It destroys the serotonin-producing neurons which play a direct role in regulating aggression, mood, sexual activity to pain. It is probably this action on the serotonin system which gives MDA its claim-to-fame of heightened sexual experiences, tranquility, and conviviality.

MDMA was first introduced as an appetite suppressant but was never manufactured because it gave users the heaves. It later became popular among psychotherapists because it was legal and was reported to make people trust one another and break down barriers between therapists and patients, lovers and family members.

In June 1985, the Drug Enforcement Agency banned MDMA and placed it as a Schedule I classification along with heroin, LSD, and cocaine. Schedule I drugs are generally dangerous narcotics that have a high potential for abuse and no medical usefulness.

# JUST THE FACTS

MDMA is a white powder in its purest form. It tends to have a strong medicinal taste and is usually packaged in a clear gelatin capsule. It is rare to find MDMA in this form and also very expensive. MDMA has also been sold as a yellowish or white pill. It is usually cut (or diluted) with speed, caffeine, ephidine or other amphetamines.

In low doses, MDMA is a mild intoxicant. It is nonhallucinogenic and has few physical liabilities. Toxic effects become apparent in doses of 100 to 200 milligrams. When taken, the user experiences; an enhanced alertness and mental clarity; positive feelings and attitudes toward others and self; an increased ability to effectively work on problems and conflicts in lives and relationships; an increased emotional warmth and love; and a greater ease in accepting positive and negative expressions.

Adverse effects of using this drug include: muscle tightness; involuntary teeth clenching and biting inside of cheek; nausea and possible vomiting; dehydration; muscle aches and pains that persist for up to six weeks; restlessness; shaking in the jaw; swelling of the eyes and blurred vision; intermittent rapid eye movement; decreased sensitivity to physical pain; pulse and blood pressure fluctuation; sugar level fluctuation; and occasional visual hallucinations.

Other long term effects include: psychological difficulties including confusion, depression, sleep problems, drug craving, severe anxiety and paranoia and even psychotic episodes.

Because it is chemically structured like MDA and methamphetamine, many speculate about the neurotoxicity of MDMA. MDA has been shown to destroy serotonin-producing dopamine which leads to Parkinson's disease. Studies done on rats concluded that after treating them with multiple or single injections of MDMA - a greater depletion of serotonin occurs after repeated doses.

Currently, some researchers, psychologists, psychiatrists and lawyers are contesting the issue of whether the DEA prematurely scheduled a drug that presumably had some therapeutic value. They feel that the medical profession, not the government, should decide what is or is not accepted medical practice. They would like MDMA to be put on a Schedule III classification which is less restrictive and would allow medical use and research to be done.

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## DUI - Driving Under the Influence

Driving under the influence (DUI) of alcohol or other substances is a dangerous game. On any given weekend night, one out of every ten drivers is legally drink: only one out of every 2,000 will be arrested. According to the National Highway Traffic Safety administration, 51 percent of all fatal accidents are alcohol-related. NSTSA also estimates that two out of every five people in the U.S. will be in an alcohol-related crash in their lifetime.

In Florida, 1.560 people lost their lives last year to drinking and driving.. On these, 269 were under the age of 21. In 1987, there were 64,260 arrested for driving under the influence, of which 562 were juveniles.

When consumed, alcohol acts a depressant on the central nervous system. Alcohol is almost immediately absorbed into the bloodstream. It takes approximately 30 seconds for the first amount of alcohol to reach the brain resulting in slower reflexes, lack of coordination, poor vision, reduces concentration, and poor judgement.

The amount of alcohol in the blood is called the blood alcohol content (BAC). The amount of alcohol in the body can be measured by using a breath, urine, or blood test. This amount is measured as a percentage - how many parts of alcohol to how many parts of blood.

For a person weighing 120-14- pounds, three drinks within a two hour period will produce a BAC of .05 percent. At this time, driving ability will be serious impaired. Four to five drinks within two hours will put a drinker at the legally intoxicated limit with a BAC of .10 percent. At this time, a drinker will experience blurred vision, slurred speech, poor muscle coordination, and a lack of rational judgement. If no more alcohol is consumed, it will take approximately three hours for the BAC to drop less than ,05 percent. The risk of a person with a BAC of .10 percent having an accident is twelve times higher than for a person had not been drinking.

Eliminating alcohol from the body is a long process. About 90 percent must be metabolized through the liver. The other 10 percent is eliminate through the lungs (breathing) and urine. Nothing can speed up this process. "remedies" like cold showers, fresh air, drinking coffee, and exercising to sweat out the alcohol have no effect on the blood alcohol content. Time is the only cure for someone who has had too much to drink.

It takes approximately one hour to eliminate 1/2 ounce of alcohol. This is the amount of alcohol in one 12-ounce can of beer, one 5-ounce glass of wine, or 1 1/2 ounces of 80-proof whiskey. Thus, beer=wine=liquor. It does not matter what you drinks - but how much alcohol is consumed!

# JUST THE FACTS

## Teens, Drinking and Driving

Motor vehicle accidents are the number one killer of teenagers, taking nearly 10,000 lives annually. Alcohol is a factor in about half of all serious car accidents involving youth.

The high incidence of speeding among teens, the danger of driving at night, and the low percentage of seat belt use among teens are other factors the contribute to teenagers and the risk of accidents.

## Drinking, Driving and the Law

Under Florida law, DUI, (Driving Under the Influence) is an offense evidenced by impairment or normal faculties or an unlawful blood level of .10 percent or above. The following are the current possible penalties for a first time offense:

A fine of $250.00 to $500.00 for BAC of .10 percent. If the BAC is .20 percent or higher, the fine is $500.00 to $1,000.00

Mandatory 50 hours of community service

Imprisonment of up to six months

Driver's license revoked for a minimum of six months, maximum of one year

Mandatory completion if DUI school;

Monthly probation for up to a year

If there have been property damage, personal injury, or death, a first offender faces a fine between $1,000 and $10,000 or a prison term of one to 15 years.

Dui penalties for a first offense in there countries vary from having the convicted driver's name published in the newspaper in Australia, one year at hard labor in Sweden and Finland, or to death by a firing squad on El salvadore.

## Other Drugs and Driving

Alcohol is not the only drug that affects driving ability. Any substance that changes one's feelings, perceptions, and behavior affects judgement behind the wheel.

Marijuana created the illusion that senses are sharper: however, a person's sense of time an space is altered, making it difficult to judge distance and speed. Even hours after the high is gone, a marijuana user can experience difficulty dealing with sudden or unexpected events.

Hallucinogens. LSD, PCP, or other hallucinogens can make a driver hear, see, smell and feel things that do not exist. The driver will concentrate on the hallucinogens instead of the road. Hallucinogens may cause the driver to panic and lose control of the car.

Inhalants such as glue, paint, solvents, aerosols and other products with fumes can cause the same mind changes as other hallucinogenic drugs, with the same consequences for driving,

Stimulants, like cocaine and speed increase physical energy and mental activity, making it hard to sit still or concentrate. Users of stimulates may experience nervousness, dizziness, and visual problems.s They may experience fatigue and depression when the high is gone. Stimulates can lead a driver to overestimate his abilities, which can cause him or her to take unnecessary chances on the road.

Sedatives numb the central nervous system causing muscle relaxation and drowsiness. A driver using sedatives lacks muscle coordination and the ability to make rational judgements.

Over-the-Counter- Drugs, such as antihistamine and other medicines for treating colds, have the same effects as sedatives, clouding judgement, and causing the driver to feel drowsy.

Mixing alcohol with other drugs can be deadly because the effects of each drug can be multiplied, leading to come or death.

## Preventing DUI

MIllions have suffered because of the carelessness of drunken drivers. Arresting drunk drivers is only part of the solution.. Tougher DUI laws need to be established and enforced. Educating the public on the dangers of alcohol and drugs and the consequences of driving the influence is imperative.

It is ultimately the responsibilities of each of us to keep impaired drivers off the road. If you know someone who has had too much to drink - don't let him or her get behind the wheel. Take the car keys, find that person another ride, or wait until they have sobered up enough to drive. If a drinking driver refused your help, do not get in the car yourself and be sure to keep anyone also from accepting a ride. These may seem like impossible tasks, but you may be saving lives: those of the drinker, their passengers, and innocent victims.

Help make our roads safe - learn how alcohol and drugs affect driving ability, and use that knowledge to protect yourself and those around you.

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# EATING DISORDERS

We all worry about food, overeat at holidays, or skip a meal. However, people with eating disorders do more than worry—they live in constant fear of food and fat, often struggling to hide eating patterns they can't control. Obesity, bulimia and anorexia have become epidemic. In our culture this comes as no surprise where "thin is in" and we spend billions of dollars on diets.

In a recent survey of teens across America, 57% were found to be unhappy with their weight—90% wanted to lose weight and 18% wanted to gain weight. It is among this57% of teens that eating disorders are most likely to occur.

If you are concerned about an eating disorder in yourself, a family member, or a friend, you do not have to feel alone or ashamed. Eating disorders are common and they can be treated.

## Ending the Secrecy

People try to hide an eating disorder, often by "binging," binge and purging, or starving. "Binging" means out of control eating—often thousands of calories at a time—sometimes with, sometimes without pleasure. Eating disorders are divided into three groups, Obesity, Bulimia, and Anorexia Nervosa, and are defined by the measures taken to control weight.

Obesity, a medical problem in its own right, can result from binging and poor nutritional choice. People with bulimia binge and then purge (get rid of food, often by vomiting,taking laxatives, or excessive exercise). People with anorexia simply starve themselves.

Ending the secrecy is the first step to recovering from any eating disorder.

## Obesity

Obesity is categorized into three areas: mild, moderate, and severe. Determinationis based on height, weight, and body fat. People with mild to moderate obesity frequently report a history of being able to eat and not gain weight. Suddenly they find themselves exercising less, eating more, binging regularly and noticing their body fat rising steadily. Most people can lose weight safely and stop binging if they commit their time and energy to a behavior change plan. It is always recommended that one speak with a specialist before radically changing one's diet.

**People with severe obesity have usually been overweight all their lives. Treatment involves medical health care and must begin immediately! Symptoms of obesity include:**

high blood pressure and high cholesterol levels;
shortness of breath after mild exertion;

an obese eating style—eating large bites, fast, and without pleasure;

constant failed attempts at dieting;

guilt after binging and anger when confronted by others about eating;

limited social activities from too much weight and too little self-worth.

## Bulimia

People with bulimia tend to be slightly overweight, underweight, or within normal weight range for their height and body frame size. They most often report a history of dieting along with fluctuations in their weight. The mild starvation caused by chronic low-calorie dieting seems to set off a binge-purge cycle. Bulimics binge and then purge by self-induced vomiting, abusing laxatives or taking diuretics (drugs that cause urination). After purging episodes, bulimics often fast or diet and frequently abuse exercise as a method of weight management. Some experts believe as many as 10% of adolescent females are bulimic.

**Symptoms of bulimia include:**

binging and purging from once a week to five times a day;

extreme fear of gaining 1-5 pounds;

distorted body image (seeing and feeling "fatter" than you are);

dry skin and dry brittle hair;

swollen glands under the jaw from vomiting ("chipmunk cheeks" making your face look fat);

depression, guilt, fear and mood swings;

fatigue and cold sweats from fast changes in blood-sugar levels.

**The health risks of bulimia are created by mild starvation from dieting and damage to the digestive system from binging and purging. The risks include:**

electrolyte imbalance leading to irregular heart beat, heart failure and kidney damage

laxative dependency (addiction)

throat damage

dental problems

stomach rupture

irregular menstruation

Most bulimics cannot break the binge-purge cycle by themselves. It's a sign of strength and wisdom to seek professional care. Treatment may include counseling, medication or both.

## Anorexia Nervosa

Some anorexics start out chubby and then, responding to the pressure to be thin, start a restrictive diet. When friends admire their weight loss, they continue to starve themselves and lose weight. Other anorexics attempt to deter normal physical changes (development of thighs, breasts, hips) by restricting their caloric intake. This restriction stops physical development and the anorexic is able to avoid maturation.

There is an estimated 80,000 American women who are anorexic. These women are frequently described as bright, capable, and high-achieving. Because this disorder can be fatal (10% die of starvation or suicide), anorexics need professional care to recover. Parents often have to encourage or even force an anorexic adolescent into treatment. Treatment usually includes hospitalization and counseling.

**Symptoms of anorexia include:**

wearing baggy, heavy clothes to hide their thinness;

loss of menstrual cycle;

dry, cold skin with downy hair on arms, legs, back, face or chest;

insomnia and hyperactivity;

distorted body image;

extreme, excessive, and rigid exercise routines;

extreme fear of gaining any weight;

strict food rules (such as no liquids at all or no eating without;

strict food rules (such as no liquids at all or no eating without exercise first);

slowed physical and social development

**Additional health risks include:**

heart failure

kidney failure

suicide

low protein stores (the body stores protein from muscles and organs to fuel basic body needs) digestive problems

electrolyte imbalance

Lifelong Recovery

**It takes time to fully recover from an eating disorder. People may need two or three years to develop a new relationship with food, themselves, and others. During recovery it is important to avoid the pitfalls of relapse (falling back into old habits). One must learn to cope with minor "lapses" so they don't become full-fledged relapses. Successful recovery includes:**

knowing your triggers, asking for help and having an emergency plan;

seeking support from family and friends;

seeking support from self-help groups and professional counselors;

engaging in healthy exercise;

practicing good nutrition.

Written for the Florida Alcohol and Drug Abuse Association by Vince Dix, Ph.D., Eastwood Clinic, Inc.

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## INHALANTS

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|---|---|
| Classifcation: | None |
| Slang Names: | Solvents, Glue, Laughing Gas, Whippitts, Gas, Nitrous, Blue Bottle, Liquid Incense, Room Deodorizer, Rush, Locker Room, Poppers, Snappers |
| Methods of Use: | Inhale, sniff |
| Dependence Potential: | Possible addiction |

### What are Inhalants?

Inhalants are breathable substances that produce psychoactive (mind-altering) vapors. These substances include: solvents (model airplane glue, nail polish remover, lighter and cleaner fluids, gasoline, typewriter correction fluid); aerosols (hair spray, paints, paint thinners, cookware coating agents); and anesthetics (halothane and nitrous oxide or "laughing gas"). These chemicals are not usually considered drugs because they were developed for other legitimate purposes, however they can be dangerous when purposefully and excessively inhaled.

Two other popular inhalants are amyl nitrate and butyl nitrate. Amyl nitrate is used for heart patients and diagnostic purposes because it dilates the blood vessels and makes the heartbeat faster. It is a clear yellowish liquid that is sold in a cloth-covered, sealed, bulb. The bulbs emit a popping or snapping sound when broken; thus they are nicknamed "poppers" or "snappers." Before 1979, amyl nitrate was available without a prescription, but as reports of abuse increased, prescriptions were required. Now, many users have begun to abuse butyl-nitrate which is packaged in small bottles, often marked incense, and sold under a variety of names including "locker room" and "rush". The "high" from butyl nitrate lasts from a few seconds to several minutes. Immediate effects include flushed face, dizziness, decreased blood pressure followed by an increased heart rate and headache.

### Patterns of Inhalant Use

Young teenagers are more likely to abuse inhalants, because chemicals used are inexpensive and readily available. Inhalants are mostly taken by groups of young people, usually beginning as part of a fad;, and are administered in any one of several methods:

**Glues:**
are commonly inhaled from a paper or plastic bag. Using the bag increases the intensity of the fumes but it also markedly increases the chances of suffocation;

**Industrial solvents, cleaning solutions, and paint thinners:**
are generally inhaled directly from the container or by sniffing a cloth or placing a cloth in the mouth;

**Gasoline:**
is usually inhaled directly from gas tanks;

**Aerosols:**
may be inhaled directly, but some users try to separate the contents by straining the gases through a cloth.

## Inhalants in the Body

Chemical used for sniffing are all fat-soluble, organic substances that easily pass through the blood-barrier and are metabolized in the liver and kidneys. They produce effects that are similar to anesthetics, which act to slow down the body's functions. The "high" begins within minutes and lasts from 15 to 45 minutes. At low doses, users may feel slightly stimulated; at moderate amounts, they may feel less inhibited, less in control, light-headed and giddy; at high doses, a user can lose consciousness.

## Short-Term Effects of Inhalant Use

Inhalant users may exhibit several adverse effects including:

nausea
ringing in the ears
abnormal heart rhythm
feeling and looking tired
double vision
irritation of the eyes
lack of coordination
muscle and joint aches
vomiting
sneezing
nosebleeds
coughing
bad breath
poor judgement
chest pain
loss of appetite

How strong these effects are depends largely on the experience and personality of the user, how much is inhaled, and the specific substance used.

## Long-Term Effects of Inhalant Use

Extended use of inhalants can cause weight loss, fatigue and an electrolyte (salt) imbalance. Repeated use can permanently damage the nervous system, greatly reducing physical and mental abilities. Also, because inhalants are easily absorbed in the bloodstream and metabolized through the liver and kidneys, long-term sniffing can damage blood, bone marrow, the liver and the kidneys.

Deep breathing of vapors or extended use of inhalants during a short period of time may result in other serious effects such as losing self-control, violent behavior, unconsciousness or death. Sniffing highly concentrated amounts of solvents or aerosols can produce heart failure and instant death. High concentrations of inhalants can also cause death from suffocation by displacing the oxygen in the lungs. Inhalants can also depress the central nervous system so much that breathing slows down until it stops.

Tolerance - the need for higher and higher doses of the drug to produce the same effect - seems to develop quickly among inhalant users. As users mature, they may seek other substances such as marijuana, cocaine, and LSD, in order to achieve that high.

Recent studies also indicate that sniffing solvents during pregnancy can cause birth defects. Labeled as Fetal Solvent Syndrome, this condition exhibits such classic symptoms as a small head, deep-set eyes, small midface, disfigured nose and ears, and stubby fingertips.

The primary solvent responsible for these defects is toluene which is found in aerosol spray paints, gasoline and many other popular products.

## Signs and Symptoms of Inhalant Use

Odor on breath and clothes
Runny nose, sneezing, watery eyes
Drowsiness
Poor muscle control

Presence of paraphernalia such as: bags or rags, discarded aerosol cans or whipped cream chargers (signs of nitrous oxide use) or small bottles (signs of butyl nitrate use)

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## LSD

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| Classification: | **hallucinogen or psychedelic drug** |
| Slang Names: | acid, LSD-25, microdots, purple mikes, windowpane, blotter |
| Method of Use: | orally, injected (rare) |
| Dependence potential: | psychological dependence |

Lysergic Acid Diethylamide, LSD, is a derivative from ergot, a fungus that grows on rye and other grains. It was discovered in 1938 and was used in the early 1950s for experimentation by doctors and therapists to treat individuals with mental disorders, alcoholism, epilepsy and terminal cancer. These experiments proved unsuccessful but the interest in LSD grew as reports of its alleged mystical effects peaked curiosity in many. In response to the growing use of LSD, legislators passed laws in the mid-1960s banning the manufacture and use of this drug. However, illegal laboratories and black market dealers were already producing the drug.

LSD is one of the most potent of all drugs because it is active in extremely small amounts. One dose is usually 50 to 300 micrograms which is equivalent to 0.00005 to 0.00003 grams. One ounce is able to supply approximately 300,000 doses. LSD is odorless, colorless and tasteless. It is sold on the street in tablets or capsules. In its liquid form it is placed in or on another substance and allowed to dry. These substances include sugar cubes, postage stamps, "microdots" - tiny balls of compacted powder, "windowpane" - small squares of gelatin sheets or cellophane and "blotter" - small squares of paper. When added to the gelatin sheets or blotter paper it is divided into small squares, with each representing a dose, then the LSD is licked off or swallowed.

LSD users are unlikely to take it while at school, work or home where they might be observed. Especially during the early stages of its use, these drugs are generally taken in a group situation under conditions that will enhance their effect such as at a party.

### The Body's Reaction to LSD

LSD is quickly absorbed from the stomach and intestines and effects are felt within 30 to 40 minutes. The physical effects of LSD include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth and tremors.

Within an hour after ingestion of LSD, psychic effects occur which causes a distortion in sensory perception. All of the body's senses are affected by LSD, but vision is affected the most. The color and texture of things become more vivid and perception is increased. Psuedohallucinations - unreal images that the LSD user can distinguish as unreal - are common occurrences. Hallucinations - the user believes an imaginary vision is real-is uncommon at ordinary doses. Synesthia is also frequent among LSD users. Synesthia is the occurrence of one type of stimulation that triggers the sensation of another stimulation - such as hearing a sound that causes the visualization of a color. The sensory input to the

LSD user can become so distorted that they may "see" music or "hear" color. Other psychic effects experienced by users include a loss of body image, a loss of a sense of reality, a distorted sense of time, difficulty in concentrating and a short attention span. Users also develop an extreme preoccupation with philosophical ideas and may perceive that they can "solve the problems of the world."

LSD users can experience emotional changes while taking the drugs. They exhibit dramatic mood swings - often going from extreme happiness to deep depression. Minor events - such as the sun going behind a cloud - can trigger these mood swings. Users may also laugh at times of sadness or cry during happy occasions.

Tolerance - the need for increased amounts of the drug to produce the same effect-occurs quickly with the continued use of LSD but disappears quickly when use is stopped. Cross-tolerance - the developed tolerance to one drug due to the use of another drug within its pharmacological class - occurs with the use of other hallucinogens such as mescaline (from the peyote cactus) and psilocybin (from certain mushrooms).

Flashbacks - in which the person spontaneously experiences a drugs effects without taking the drug-can occur without warning for up to a year or longer after the use of LSD. Flashbacks are most likely to occur among frequent users rather than those who seldom used the drug and the longer the time since the use of LSD the less likely the chances of experiencing one. Flashbacks can occur at any time or place and may be initiated by stress or the use or other drugs. The reason flashbacks occur are unknown but it is thought that they may represent behavior learned under the influence of LSD or may be the result of unresolved emotional-psychological conflicts which arose during a "trip."

## What is a "Bad Trip"

Acute panic reactions can also occur with the use of LSD. This reaction results in what is referred to as a "bad trip" and the user feels as if they are in extreme danger. These scary sensations may last a few minutes or several hours. The user may experience confusion, anxiety, panic, suspiciousness, a feeling of helplessness and a loss of control. Sometimes, LSD and other hallucinogens can unmask mental or emotional problems that were previously unknown to the user. If the panic reactions become intense, a drug-induced psychosis can occur. This psychosis may be brief or it may last for several years and is almost impossible to predict when, where, or to whom a reaction will occur.

A "bad trip" is generally a confusing and frightening state that will pass in time. When someone is experiencing a panic reaction, do not leave them alone. Remain calm, because they are extremely sensitive to the mood of those around them and may become more fearful if they see others panicking. Try to create a calm atmosphere by turning off bright lights and keeping the room quiet. Reassure the person that what they are experiencing is the result of a drug and the feelings will pass. Talk to them about nonthreatening things such as a pleasant memory or distract them with visual toys or calming music anything that will get their mind out of the panic state. This will help draw the user out of the frightening experience and into a familiar place. Panic reactions can usually be handled by a calm and rational person but if the user becomes uncontrollable, it is best to seek medical or professional help.

## LSD and Driving

There are numerous reasons why the combination of LSD and driving are dangerous. The drugged driver's vision is distorted and they may see imaginary objects in the road swerve to miss them, and lose control of the car. Or, a real image may be so distorted that the driver thinks it is an illusion and will not attempt to avoid it - therefore causing an accident. Whatever the case, LSD causes the user to distrust their senses and could result in a serious injury or death.

## Signs and Symptoms of LSD Use

The following signs and symptoms are common among LSD users:

Extremely dilated pupils
Warm skin, excessive perspiration and body odor
Distorted sense of sight, hearing and touch
Distorted sense of time, self and place

Mood and behavior changes, the extent depending on emotional state of the user and environmental conditions

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## MARIJUANA

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|---|---|
| Classification: | Depressant, Hallucinogen |
| Slang Names: | Dope, weel, herb, grass, pot, hashish, hash |
| Method of Use: | Smoking, eating, and intravenous injection |
| Dependence Potential: | Psychologically addictive |

### What is Marijuana?

Marijuana is the common name for a crude drug made from the plant Cannabis Sativa. The main mind-altering (psychoactive) ingredient in marijuana is THC (delta-9-tetrahydrocannabinol). More than 400 other chemicals also are in the plant. A marijuana cigarette or "joint" is made from the dried particles of the plant. The amount of THC in the marijuana determines how strong its effects. Marijuana available today is as much as ten times more potent than marijuana used in the early 1970s.

### What is Hashish?

Hashish is a concentrated form of marijuana made by taking resin from the leaves and flowers of the marijuana plant and pressing them into cakes or slabs. Hash is mostly smoked in a pipe rather than rolled into a cigarette. It is usually stronger than crude marijuana because it contains five to ten times as much THC. Hash oil may contain up to 50 percent THC.

### Marijuana in the Body

When marijuana is smoked, it travels down the windpipe and into the lungs. Once in the lungs, the smoke passes through the bronchi and into the alveoli (air sacs) where the THC passes into the bloodstream. THC is then absorbed by most tissues and organs in the body, especially fat cells and organs such as the brain. The "high" reaches its peak in approximately 10-30 minutes and will last from two to eight hours, depending on the amount of marijuana used.

It takes a week to one month for all the chemicals from one marijuana cigarette to leave the body. As more marijuana is smoked, THC accumulates in the cells and the body is never drug free. When chronic users stop using marijuana, it takes about three months for the accumulation of THC to leave the body.

When marijuana is eaten, it enters the stomach and is broken down for digestion by enzymes. At this time, THC passes into the bloodstream. Smoking marijuana puts 5-10 times more THC into the body than eating it.

## Signs and Symptoms of Marijuana Use

Loud talking and bursts of laughter in early stages of intoxication
Drowsiness or stupor in later stages of intoxication
Forgetfulness in conversation
Chronic redness of the eye
Odor similar to burning rope on clothing or breath
Decrease in school or work performance; truancy
Neglect of personal hygiene
Change of friends
Paranoia, defensiveness, secretiveness, self-centeredness
Depression
Mood swings
A motivational syndrome
Distorted sense of time

Use or possession of paraphernalia such as cigarette rolling papers, "roach" clips (used to hold the cigarette), and pipes or a "bong" (a water pipe for cooling smoke so the user can inhale more)

## Immediate Effects of Marijuana

Immediate physical effects of marijuana are elevated heart and pulse rates, bloodshot eyes, and a dry mouth and throat.

Marijuana impairs or reduces short-term memory, alters one's sense of time, and reduces the ability to do things which require concentration, swift reactions, and coordination. Experiments have shown that marijuana affects a wide range of skills needed for safe driving. These skills are impaired for a least 4-6 hours after smoking a single marijuana cigarette, long after the "high" is gone. Thinking and reflexes are slowed, making it hard for an impaired driver to respond to sudden, unexpected events. A driver's ability to steer properly, brake quickly, and maintain speed and proper distance between cars is affected, according to research.

## Long-Term Effects of Marijuana

Marijuana and its potent chemical THC cause cell abnormalities, alter normal cell division, affect genetic make-up of new cells and lower cell immunity, increasing the possibility of viral infections among users.

THC causes enlargement of the area between nerve cells, resulting in poor transmission of nerve impulses between these cells. This "tampering" has several effects on the nervous system including:

Impaired speech
Difficulty in comprehending complex ideas
Loss of memory

Difficulty in concentrating or focusing on one subject
Irregular sleep habits; insomnia
Mood swings
Lack of body coordination
Decrease in muscle strength
Blurred vision and impaired visual perception

Marijuana is harmful to the entire respiratory system from the sinus cavities to the air sacs within the lungs. Marijuana smoke is more harmful than tobacco smoke, and users have a much higher incidence of respiratory disease than nonusers. Other respiratory problems associated with marijuana use are:

**Sinusitis** - an inflammation of the lining of the sinuses, which is a result of smoke irritation to the nostrils.

**Bronchitis** - an inflammation of the bronchial tubes which take air from the windpipe to the lungs. Chronic marijuana users often cough up yellowish-green mucus which may be tinged with blood.

**Lung cancer** - marijuana smoke contains more cancer-causing chemicals than tobacco smoke. Smoking three to five marijuana "joints" a week is equivalent to smoking 16 cigarettes every day.

Smoking one marijuana cigarette has the immediate effect of increasing heart rate and blood pressure as much as 50 percent. Marijuana increases the amount of toxic carbon monoxide in the blood, thereby reducing the amount of oxygen which reaches the heart. Increased blood pressure and changes in the blood vessels are reflected by the typical red or bloodshot eyes of the marijuana user.

Chest pains have been attributed to marijuana use. People who suffer from angina, high blood pressure, diabetes, or other heart problems take an even greater risk smoking marijuana.

**Marijuana can have far-reaching effects on the reproductive systems of both males and females.**

**Effects on males:**

Decreased masculinity. Use of marijuana results in lowered levels of the male hormone testosterone. This hormone is essential for the development and support of male secondary sexual characteristics such as hair growth, voice tone, and muscle distribution.

Impotency. Male users of marijuana may experience an inability to function sexually.

Infertility. Moderate to heavy marijuana use, especially among 12 to 17 year-olds, can result in decreased or zero sperm production. Studies indicate increased production of abnormal sperm among users, which can result in birth defects in offspring.

**Effects on females:**

Decreased femininity. Marijuana use by females increase the amount of testosterone in the body, causing an increase in acne and such male characteristics as body and facial hair, and flattening of the breast and buttocks.

Infertility. Use of marijuana may interrupt the menstrual cycle and interfere with reproductive health and fertility. THC can cause irreversible damage to the supply of eggs from the ovaries.

Pregnancy complications. Research suggests that using marijuana during pregnancy may result in premature births, low-birth weights, birth defects and an increased infant mortality rate. Nursing mothers can transfer THC to their babies through their breast milk.

## Other Effects of Marijuana

Chronic use of marijuana acts as an escape from stress, allowing the user to block out pain, frustration or confusion. However, as the user repeatedly uses marijuana to escape, he becomes less and less able to cope with everyday challenges. This behavior is known as the amotivational syndrome. Chronic users lose interest in achieving goals and instead become moody, easily fatigued, depressed, and experience difficulty in coping with stressful or complex situations.

Similar to the amotivational syndrome, burnout is the effect of prolonged marijuana use. Heavy users become dull and inattentive and sometimes unaware of their surroundings. They often do not respond when spoken to and do not realize they have a problem.

A common negative reaction to marijuana is the "acute panic anxiety reaction." People describe this an extreme fear of "losing control," which causes panic. Symptoms usually disappear within five to eight hours.

## Gateway Drug

Marijuana is considered to be a gateway drug. This means marijuana users tend to move on to more harmful drugs such as cocaine, heroin or LSD. Evidence shows that 60 percent of marijuana users go on to use harder drugs while the odds against non-users trying other substances are 98 to 1. A survey of heavy marijuana users showed that 74 percent have also used cocaine. However, there is no conclusive evidence that marijuana causes the use of more potent substances.

When marijuana is combined with other drugs such as alcohol, the effects of each are compounded and become several times more harmful.

While marijuana may not be physically addictive, regular users can develop a psychological dependence. Those who are psychologically dependent have difficulty limiting their use of the drug and can experience side effects such as insomnia and irritability when denied access to marijuana.

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## NUTRITION

### Helping the High-risk Teen

Nutrition plays an important role in how well our children learn, concentrate, get along with others and play. Energy levels and moods vary with the types of food we eat, and this is especially true for adolescents. The physical changes that occur during this period of rapid growth increase nutrient needs at a time when many teens are skipping meals, snacking, eating away from home and sometimes relying on unconventional diets.

For the high-risk adolescent, the teen on his or her own or from a dysfunctional family, or one who is exhibiting delinquent behaviors, nutrition is especially important as a physical stabilizer: the more well-balanced the body, the easier it is to balance the behavior.

The adolescent's search for independence and identity, his desire for peer acceptance, and his preoccupation with physical appearance may affect eating habits, food choices and, consequently, nutrient intake. Recent research indicates that many foods and some food additives can cause clinical disorders like headaches, rashes, hyperactivity, asthma, depression and general irritability in many people. For example, 70% of people suffering from migraines who were studied at the National Hospital for Nervous Disorders in London were found to be allergic to certain foods. Elimination of these foods from their diets brought almost total relief from the migraines in only two weeks.

Behavior problems can also be contributed to the foods we eat. Food intolerances have been found to play a role in delinquency. Milk craving, for example, has been shown to result from an addictive allergy which leads to aggressive behavior. Knowing this, it is not surprising to discover that researchers have demonstrated that many juvenile delinquents consume up to six quarts of milk daily.

In research on children between three and 16 years of age who suffered from severe and frequent headaches, 93% stopped having headaches when they were put on a rotating, controlled nutritional plan.

### Why Balance is Important

To stay healthy, our bodies need about 40 different nutrients every day. These nutrients work in combination with each other. Most foods contain some nutrients, but no single food insures that we don't get too much or too little of a particular nutrient. Too much can be as bad as too little, especially certain vitamins or minerals. Most of us have too much sugar, salt and fat in our diets, and this is particularly true of teens who often skip or miss meals, and frequently rely on snacks and fast foods.

It is estimated that 17% of the US teen population is at nutritional risk. Girls are often at risk because they require fewer calories to maintain weight and may lack proper nutrients in their diets. Boys tend to require more calories but may lack proper nutrients because of poor food choices. Nutrients most lacking in the adolescent diet are calcium and iron. Vitamins A, B-6, zinc, and magnesium are also often in short supply in the diets of adolescents.

As parents and caregivers, we have very little control over what our adolescents eat, especially the high-risk teen, even if they are at home at mealtime. But we can see that the right foods are available to our teens, and we can teach them how to make smart food choices form the Four Food Group Plan.

## Basic 4 Foods Every Day

4 servings of fruits/vegetables
4 servings from the bread/cereal group
2 servings of protein (meat, fish, poultry, or beans)
4 servings of milk/dairy products

The meal adolescents most frequently eat is dinner or the evening meal. This is an opening to provide essential nutrition and to offer at least one close family activity. It's not a bad idea to make dinner together a household rule!

Balancing our diets takes care of more than our physical health. If we take the few extra minutes to prepare a wholesome meal and pull the family together, we've begun to take care of our family's need to interact and share. Thinking about what we eat also begins a wonderful habit of thinking about our overall well-being.

For the adolescent at risk, this family meal may not be a reality, but given some nutritional information, the adolescent at risk can take the lead and pull together other siblings for some semblance of a "family meal."

We can also exercise some control by creatively and wisely choosing the type of snacks we keep on hand. Nutritious snacks can make a beneficial contribution to the total nutrients often lacking in teens' diets. According to USDA survey data, snacks are responsible for an increased intake of calcium, magnesium, vitamin B-6 and iron.

## Try Something Different

Cookies, hamburgers, pizza, and other things our adolescents love can stay on the table, but here are some new things, too. Feeding your family balanced meals doesn't mean spending more money on food or more time buying and preparing it. Balance means cutting down on fatty and sugary foods and offering more complex carbohydrates that give energy, not just empty calories.

## Suggestions

Fresh foods are great, though they are seasonal and can be difficult to keep on hand. Buy lots of what is affordable and in season and freeze some. If you can't buy fresh fruits and vegetables, buy frozen ones. Canned foods are next best, though try to buy those with low salt and no added sugar.

What's good for snacks. Snacks like potato and taco chips, bagged cookies and granola bars are expensive and have lots of salt, sugar and fat. We can do better by buying nutritious snacks like raisins, unsalted sunflower seeds, celery sticks (great with peanut butter or other nut butters spread on them), nuts (plain and unsalted, not fancy mixes), dried fruit, carrots, and plain crackers. Pick up snacks like popcorn (easy on the butter and salt!), rice cakes, cheese, or sesame sticks...snacks offering variety and nutrition. The younger you start a child on healthy snacks, the better!

Frozen dinners, packaged lunch meat. Though they save time, frozen dinners are hard on the food budget. Packaged lunch meats are also expensive. Try buying a small ham or a turkey breast and slicing it up instead. Freeze leftovers to make another day's meal preparation faster and less expensive.

Protein means more than just meat. Beans are an excellent and inexpensive source of protein.

Spruce up simple foods like rice and pasta with onions, peppers, and other spices.

## Closing Tip

independence is a goal of adolescence! Food is one area used to express this goal. The positive role model can help make this search for independence a rewarding experience by providing a wide variety of healthy foods. This can result in a "win" for both parents and adolescents: the adolescent exercises his right to select a diet, and the adult provides the foundation for making good choices!

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## OPIATES

| | |
|---|---|
| Classification: | Narcotic |
| Slang Names: | Heroin - dope, H, junk, scag, smack, brown sugar, Mexican mud, horse Codeine - Schoolboy Dilaudid - big D, D's, dillies, stuff, pills Morphine - dope, M, Miss Emma, mud, sister |
| Method of Use: | orally, injected, inhaled, smoked |
| Dependence Potential: | physically and psychologically addictive |

### What are Opiates?

Opiates are central nervous system depressants which are often used medically to relieve pain. They are from a resin taken from poppy plants found in countries throughout the world, including Mexico, Turkey, India, China, Burma and Yugoslavia. This resin can be converted into opium, heroin, codeine and morphine. Other opiates such as meperidine (Demerol), Darvon, Percodan, Dilaudid, Talwin and Methadone are synthesized or manufactured by modifying the chemicals found in opium.

Opiates have a high potential for abuse and are found in a variety of forms including: powders, liquids, tablets, syrups, and prescription from a physician such as morphine, codeine and dilaudid. These drugs are used to relieve pain, cough and diarrhea. Other opiates are popular "street" drugs such as heroin—the most potent and commonly abused opiate.

Opiates are usually taken orally except in the case of heroin which is in powder form. Heroin users generally begin sniffing the drug and then gradually advance to injecting it. The powder is dissolved in water and heated in order to reduce it to a liquid form. The user then injects the substance either subcutaneously or intravenously. Subcutaneous injection ("skin popping") is when heroin solution is injected into the layers of skin—usually in the arms or thighs. Intravenous injection ("mainlining") is when the heroin is injected into a vein. When injecting, the effects of heroin are felt within minutes and last between three to four hours—depending on the dosage.

Street heroin can be a white or brownish powder and is usually diluted or "cut" with other substances such as sugar, powdered milk or quinine in order to increase the bulk amount sold to the user.

### Psychological Effects of Opiates

Like other depressants, opiates produce a tranquil and euphoric effect. Users who inject an opiate such as heroin may also experience a "rush" as the drug circulates through their system. Some users combine opiates with a stimulant such as cocaine. This is called "speedballing." The stimulant is supposed to keep the user from falling asleep from the effects of the opiate, and the opiate is supposed to reduce the hyperactive effects often caused by stimulants.

Psychological dependence is probable with continued use of opiates. When someone becomes dependent, finding and using the drug become their main focus. Opiates also induce tolerance—the need for more of the drug in order to produce the same effects.

## Physical Effects of Opiate Use

The physical effects of opiates depend on the opiate used, its source, the dose and the method in which it is used.

Opiates slow down breathing, heart rate and brain activity and depress areas of the brain which control appetite, thirst and sexual desire. The body's tolerance to pain is also increased.

The dangers of opiates are generally caused by using too much of the drug, contamination of the drug, combining several drugs, or using unsterile needles when injecting the drug. Use of unsterile needles can lead to hepatitis, tetanus or AIDS.

Regular opiate users who abruptly stop using the drug will experience withdrawal symptoms that usually begin 4-6 hours after the last dose. Symptoms include uneasiness, diarrhea, abdominal cramps, chills, sweating, nausea, runny nose and eyes, irritability, weakness, tremors and insomnia. The intensity of these symptoms depends on how much of the drug was taken, how often and for how long. These symptoms are usually strongest 24-72 hours after they begin and can persist for 7-10 days. Sometimes sleeplessness and craving for the drug can last for several months.

Opiates are also harmful to a developing fetus. Pregnant women who are dependent on opiates have a higher risk for spontaneous abortions, breech deliveries, premature births and stillbirths. Babies born to opiate-addicted mothers often have withdrawal symptoms similar to adults. These symptoms may last several weeks or months. Researchers have also found an increased risk of Sudden Infant Death Syndrome (SIDS) among babies born to heroin-addicted mothers.

## Treating Opiate Addiction

The following are basic approaches to treating opiate addiction:

**Detoxification** - supervised withdrawal from the drug in a hospital or on an outpatient basis

**Therapeutic Community** - patients live in a highly structured, drug-free environment

**Outpatient Drug-free Programs** - which emphasize various forms of counseling such as group or individual

**Methadone Maintenance** - patients receive methadone daily as substitute for heroin. Methadone is taken orally and is active for more than 24 hours. (The effects of heroin usually last four to six hours.) Methadone does not produce the same high as heroin; however, it does prevent craving for the drug and withdrawal symptoms, thus allowing the patient to concentrate on recovering.

**Naltrexone** - is a nonaddicting, long-acting adjunctive medication that is used to maintain abstinence in patients detoxified from opiates. It blocks the euphoric effects of opiods, thus preventing the redevelopment of opiod dependency. Recently, researchers have found that combining clonidine, a drug used to treat high blood pressure, with naltrexone, may help the patient tolerate withdrawal symptoms while on naltrexone. Usually, patients suffer from withdrawal symptoms for 2-4 weeks. Patients treated with the clonidine/naltrexone combination experience acute symptoms for only the first half day of treatment.

**LAAM (L-Alpha-Acetyl-Methadol)** - is often called "long-acting methadone" because its effects last two to three days between oral doses. The development of LAAM began in the 1970s, but its manufacture was blocked by legal, political and economic problems. Today, LAAM is considered an "orphan" drug and awaits sponsorship by a pharmaceutical company for production.

## Signs and Symptoms of Opiate Use

The following are signs and symptoms often associated with opiate use:

Lethargy, drowsiness
Constricted pupils and reduced vision
Shallow breathing
Needle or track marks on inner arms or other parts of the body from injecting needles
Redness and raw nostrils from sniffing heroin
Excessive perspiration, shaking, vomiting, chills or other withdrawal symptoms
Use or possession of paraphernalia including syringes, bent spoons, bottle caps, eye droppers, rubber tubing, cotton and needles

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# PCP

| | |
|---|---|
| Classification: | **Hallucinogen; Anesthetic** |
| Slang Names: | **Angel Dust, Killer Weed, supergrass, crystal, cyclone, elephant tranquilizer, hog, embalming fluid, KJ, peace pill, PeaCe Pill** |
| Method of Use: | **swallowed, smoked, sniffed, injected** |
| Dependence Potential | psychologically addictive and may be physically addictive |

## What is PCP?

PCP (Phencyclidine) is a synthetic drug that was first developed as an anesthetic agent for surgery in the 1950s. It was soon taken off the market for human use because of its unwanted side effects. Today, its only legal use is in veterinary medicine.

PCP is notorious for its variety of effects - acting at times as a simulant, depressant or hallucinogen - and for its unpredictability. In spite of its bad reputation, PCP remains popular on the street. It is cheap, often masqueraded as other street drugs such as THC, the active ingredient in marijuana, and is easy to make. Many underground laboratories are producing the drug, selling it, and making an attractive profit. As a result, users can never be sure of what they are actually buying since it is manufactured illegally.

PCP comes in several different forms - in its original form as a white or yellowish-white powder, as a tablet, or as a capsule.

Different methods of use induce different effects. The most popular method of use is smoking marijuana, parsley, or tobacco sprinkled with PCP powder. Users find they can control the effects of PCP better this way. PCP can be taken orally by capsule or tablet and usually means getting larger doses of the drug. Snorting or injecting low doses of PCP produces a "rush" and enhances the anesthetic effects of the drug. Many users take PCP without knowing what they're taking, while others choose to use PCP regularly. PCP is a powerful drug, even in small doses, and as all psychoactive (mind-altering) drugs, effects may vary depending on the amount taken, how it is taken, and who's taking it.

## The Effects of PCP Use

When taken orally, PCP produce a high that can last between 5 and 8 hours. When smoked or injected, effects can last any where from 3 to 5 hours. The high itself is hard to describe - users generally report a variety of physical and psychological effects. The drug seems to disassociate the user from reality - it feels as if the user is in a fantasy world - sometimes pleasant, sometimes not.

Physical effects of PCP in small doses causes sedation, numbness of the extremities, loss of muscle coordination, and dizziness. Users tend to have a blank stare or experience involuntary rapid eye movements accompanied by blurred or double vision. Users may also experience flushing, profuse sweating, nausea, vomiting and an increase in heart rate, blood pressure and breathing rate.

In larger doses, PCP's painkilling and anesthetic qualities are prevalent. There is a significant drop in blood pressure, breathing and heart rate. Users appear drunk because they are so uncoordinated. They may experience shivering, increased salivation, watery eyes, loss of balance, dizziness, muscular rigidity, and exhibit repetitive movements such as rocking back and forth. Their speech is often confused and their vision may be distorted. For the next few hours, thinking, remembering, and making decisions can be very difficult.

At high doses, PCP users become extremely agitated which is commonly followed by seizures or coma. The coma can last for a few days to several weeks. These symptoms mimic the agitation, delusions and mental confusion exhibited by individuals suffering from schizophrenia. Massive PCP overdoses can kill.

PCP users may experience "trips" that last from one to six hours. At the beginning of a PCP trip, users report feeling as if they are outside of their body. They have a distorted image of themselves and their surroundings. As the trip progresses, they begin to hallucinate, become confused and lose track of time and space. During this time, some users may become aggressive and violent while others may withdraw and have difficulty communicating. In the final stages, users may become depressed, irritable and alienated from their surroundings.

## Other Dangers of PCP Use

More PCP users have died from accidents caused by the anesthetic qualities and the strange behavior associated with this drug than from the actual chemical effects of the drug.

Because PCP is an anesthetic, it deadens feelings in the extremities, making it almost impossible for users to feel any pain. Cuts, burns, bruises and broken bones go undetected until the drug has worn off. Therefore, users could die in a fire because PCP has made them insensitive to the burning. Or, they may bleed to death - never realizing they were even cut. There have been reports of PCP users falling off of roofs and out of windows because of the intoxicating effects - or users drowning because they were so disoriented that they did not know which way was up. Because PCP can produce violent behavior, users have been known to assault others or injure themselves-sometimes resulting in murder or suicide.

## Long-term Effects of PCP Use

Prolonged users of PCP regularly experience disturbances in judgment, memory, concentration and perception even after they have stopped using the drug. They report speech problems as well as hearing voices and sounds that don't exist. Chronic users may have flashbacks (experiencing a drug's effects without taking the drug) and are subject to recurring bouts of anxiety and depression. Some past users have also exhibited outbreaks of violent behavior and PCP-induced psychoses (a disturbance of the user's thought processes).

## Signs and Symptoms of PCP Use

The following are signs that may indicate the use of PCP:

unpredictable behavior; mood swings
intoxication
disorientation; agitation
violent, aggressive behavior
fear, terror, shivering
blank stare
rigid muscles
pupils may be dilated
mask-like facial appearance
floating pupils - appear to follow a moving object
comatose if large amounts consumed; eyes may be opened or closed

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## STEROIDS

Anabolic Steroids are synthetic forms of the male sex hormone testosterone. Testosterone has many jobs in the body including stimulating the development of bone, muscle, skin, hair growth, lowering of the voice, and emotional responses. When too much testosterone is produced, the body reacts in several ways such as shutting down skeletal growth mechanisms. This can result in stunted growth, shriveled testicles, lowered sperm counts or balding. Women naturally produce very little testosterone. Consequently, when they take anabolic steroids they develop masculine characteristics—some of which are irreversible.

Steroids were originally developed in the 1930s to help maintain strength in aging men and to help those men whose bodies did not produce adequate amounts of natural testosterone. Athletes began using anabolic steroids more than 30 years ago after East Europeans and Russians dominated an international sporting event. It was later discovered that these athletes had used testosterone to strengthen themselves.

In 1960, Dr. John B. Ziegler, a Pennsylvania physician, became interested in weight training and began to experiment with steroids. He discovered that the use of steroids would somehow increase the utilization of protein in the body and form additional muscle in those who trained their bodies and were well nourished. In time, he found that he had increased his muscular size and strength at a greater rate than if he had only lifted weights and eaten heartily. The craze for steroids began after he reported his findings in a weight-training magazine.

Steroids are a controlled substance in the United States—meaning a prescription is required to obtain this drug. Physicians soon became inundated with requests for prescriptions from weight-lifters, football players, shot putters and other athletes—all hoping to improve their performance, shorten their training hours or accelerate their physical development. At first, physicians were more than willing to prescribe steroids. Dr. Robert Voy, chief medical officer for the U.S. Olympic Committee, conducted a small study that indicated 30-40% of the steroids used by body builders came from physicians. This figure has dropped since reports of the serious side effects of the drug and also because there is little evidence to show the benefits of using steroids.

In 1980, Dr. Alan J. Ryan, editor of Physician and Sportsmedicine, reviewed 25 cases in which steroids were administered to increase strength. He found many inconsistencies among the studies and concluded that there was not substantial evidence that the use of anabolic steroids in conjunction with weight training would increase muscular size and strength. However, there was strong evidence that anabolic steroids did not contribute significantly to muscular growth and strength in healthy males, and the presumed increase of muscle tissue was due to the steroids causing the body to retain salt and water. This water retention causes the user to gain weight and exhibit what many bodybuilders have labeled "that puffy look." The users usually look puffy around the face, neck, and lower body—athletes and experts know that normal muscle gain looks anything but puffy.

In a 1987 issue of Clinical Pharmacy, researchers Michael W. Kibble and Mary B. Ross reported that steroids increase muscle mass and strength "only in persons who are already weight-trained and who continue intensive training while maintaining a high-protein, high-calorie diet.

Athletes who do use steroids and actually increase their muscle size and strength do so as a result of two factors: a) they have probably been training harder, and b) the belief that the drug will produce the desired effect; thus the "placebo" effect takes place. A placebo contains no medical benefit and is used more for a psychological relief for the perceived problem. The athlete believes that the drug is doing all the work but, actually, they are training harder which is producing the desired effects.

It has also been noted that the use of steroids to gain muscle and strength does not necessarily mean the strengthening of tendons and ligaments. This imbalance could result in a serious injury.

## Side-Effects and Adverse Reactions

There are over 70 side effects of steroid use ranging from liver cancer to acne. The liver, cardiovascular and reproductive systems are the hardest hit by steroids. Effects also encompass psychological reactions. These reactions include depression and aggressive behavior often called "roid rage." Side effects may not show up for years, such as heart attacks or strokes, and some may not be recognized, such as stunted growth. Other effects include:

acne
cholesterol increase
water retention
jaundice
male pattern baldness
prostrate enlargement
stunted growth
cancer
heart disease
high blood pressure
liver disease
shrunken testicles
sterility
kidney damage

Women experience side effects (some of which are irreversible) such as a lowered voice, growth of facial and chest hair, menstrual irregularities, breast reduction, fetal damage and sterility.

## Other Possible Reactions to Steroid Use

Listed below are additional side effects that users may experience.

anaphylactic shock or septic shock from using injections (blood poisoning)
abdominal or stomach pains
black, tarry or light-colored stools
bone pain and muscle cramps
chills

diarrhea, nausea, vomiting (sometimes vomiting blood)
depression, fatigue, listlessness
dark-colored urine (in mature males—a frequent urge to urinate)
fever
headache (continuing)
insomnia
hives, rash
unnatural hair growth
sore tongue
feeling of abdominal or stomach fullness

## Signs of Steroid Use

Athletes using steroids can be identified by:

quick weight and muscle gains
purple or red-colored spots on the body
swelling of feet or lower legs
trembling
unexplained darkening of the skin
bad breath
increased aggressive behavior ("roid rage")

## Conclusion

Today, efforts are being taken to deter the use of steroids. The Food and Drug Administration, the U.S. Justice Department and the Customs Service are cracking down on the steroid black market. Athletes, body builders, and other sports officials are denouncing the use of steroids. The National Football League recently began suspending players that tested positive for the use of the drug. Champion bodybuilders and wrestlers are encouraging new comers to avoid steroids, as Lee "Mr. Olympia" Haney notes, "You'll ultimately make your best body-building gains if you avoid steroid usage and just concentrate on hard training and good nutrition."

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## TOBACCO

| | |
|---|---|
| Classification: | Mild stimulant |
| Method of Use: | Smoked, Orally, Inhaled |
| Dependence Potential: | Physically and psychologically addictive |

### What is Tobacco?

Tobacco is a plant which grows in a wide range of soil and climate conditions. Its nonedible leaf is dried and used to produce cigarettes, pipe tobacco, cigars, chewing tobacco and snuff.

Tobacco contains over 4,000 different gases, particles and compounds including tar, nicotine and carbon monoxide. Tobacco smoke "tar" is composed of several thousand chemicals that can damage lung tissue and cause several diseases. Some of these chemicals include: acids, alcohols, aldehydes, ketones, aromatic hydrocarbons and corrosive gases such as cyanide and nitrogen oxide.

Nicotine is found only in tobacco. It acts as a mild stimulant to the central nervous system and is what causes the addiction to tobacco products. Like other stimulants, nicotine makes blood vessels constrict, causing an increase in the heart rate and blood pressure and decreasing the user's appetite. In new smokers, nicotine often causes nausea. In large doses, nicotine can also cause tremors, quickened breathing and a decrease in the production of urine.

Carbon monoxide, which makes up about four percent of tobacco smoke, impairs the oxygen-carrying capacity of the blood to the body's tissues, literally driving the oxygen out of the red blood cells. At the same time nicotine is causing the heart to work harder, it is depriving the heart of the extra oxygen it needs. Carbon monoxide also promotes cholesterol deposits in arteries, impairs vision and judgment, and reduces attentiveness to sounds.

### Cigarettes, Pipes and Cigars

Smoking is the single largest preventable cause of premature death and disability in the United States and is related to 390,000 deaths each year. According to the American Cancer Society, the average smoker consumes about a pack and a half of cigarettes a day at a cost of $900.00 a year.

Costs for medical care related to smoking are estimated at $22 billion annually, and the cost to the economy from lost productivity is about twice as much as direct health care costs.

The moment the smoke from a cigarette, pipe or cigar is inhaled, it attacks the tissues of the mouth, tongue, throat, esophagus, air passages and lungs. In the lungs, most of the inhaled compounds are retained. Once nicotine is absorbed into the lungs, its effects reach the brain within six seconds - twice as fast as mainlining heroin.

Smoking can produce a feeling of well being in habitual users; however, smoking releases epinephrine, a hormone which creates physiological stress in the smoker rather than relaxation.

## Low Tar/Nicotine, Filtered and Mentholated Cigarettes

Research shows that there is no "safe" cigarette; however, the American Cancer Society suggests that those who cannot quit smoking should switch to brands with low tar and nicotine (T/N). Low T/N smokers seem to find it easier to quit smoking altogether than high T/N smokers, and research indicates that the mortality rate of low T/N smokers is 16% lower than that of high T/N smokers.

Yet, it is important to remember that low tar and nicotine cigarettes contain other poisonous compounds. Many low T/N brands have reduced taste. In an effort to satisfy smokers, manufacturers add a variety of flavoring compounds, some of which are known to be carcinogenic (cancer-causing) or toxic.

Filtered cigarettes have been shown to reduce the risks of lung cancer in smokers; however, some brands have been found to produce more carbon monoxide than unfiltered cigarettes, thereby increasing the risks of heart disease.

Mentholated cigarettes produce a cool sensation in the throat when smoke is inhaled. Research so far has not shown if menthol has any effect on the risks of cigarette smoking.

## Smokeless Tobacco

The use of smokeless tobacco is increasing, especially among young males. Recent reports from the American Cancer Society indicate that smokeless tobacco is used by at least 12 million people in the United States, half of these regular users.

There are two types of smokeless tobacco: chewing tobacco and snuff. Chewing tobacco is used orally and is treated with "saucing compounds" which contain sugar, honey, or molasses and flavorings such as licorice Users usually put a golf ball-size wad of tobacco in the pouch of their cheek and suck on it. The user spits frequently to get rid of the tobacco. Snuff is processed into a coarse, moist powder and is "dipped" or placed between the cheek and gum where it stimulates the flow of saliva and mixes with it. Again, the user spits frequently to get rid of the snuff. Snuff can also be inhaled through the nose. Nicotine from the tobacco is readily absorbed in the mouth and nose and distributed throughout the body. Users become as addicted to nicotine's effects as smokers do.

Health hazards associated with smokeless tobacco include: white patches in the mouth (leukoplakia); a diminished sense of taste and smell; dental problems such as receding gums, tooth discoloration, weakened tooth enamel and bad breath; and an increased risk of cancers of the mouth. Another negative aspect is that smokeless tobacco users often turn to cigarettes because nicotine gets into the system faster when it is inhaled in cigarette smoke.

## Passive Smoking

Passive or second-hand smoking is the involuntary inhaling of tobacco smoke by nonsmokers in a smoke-filled atmosphere. These nonsmokers inhale a great deal of side-stream smoke - smoke that is not drawn through the cigarette. Side-stream smoke contains much higher percentages of tar, nicotine, and noxious gases than the smoke that is exhaled by a smoker.

To some, second-hand smoke causes breathing difficulties; to others it may set off a severe allergic reaction. A report from the National Academy both Sciences says that about 2,400 lung cancer deaths a year may be caused by second-hand smoke. Other studies have found that nonsmoking wives of smoking husbands have a 35 percent higher risk of lung cancer compared with women whose husbands don't smoke.

Children in households where one or both parents smoke have a greater chance of developing certain illnesses such as colds, bronchitis, pneumonia, chronic coughs, ear infections, allergic reactions and reduced lung function. As with adults, the more smoke a child is exposed to, the higher the risk is that the child will develop complications. Also, children who grow up in homes with parents who smoke are twice as likely to become smokers themselves.

In the workplace, smoke can spread throughout the office and each workday is enough time to expose coworkers to the risk of second-hand smoke. Many business and industries have begun to restrict smoking to certain areas in an effort to combat these health hazards.

## Long-Term Effects of Tobacco Use

The use of tobacco has been implicated in cancers of the mouth, larynx, pharynx, esophagus, pancreas, cervix, uterus and bladder. Smoking accounts for approximately 30 percent of all cancer deaths, is a major cause of heart-disease, an is linked to colds, gastric ulcers, chronic bronchitis, and emphysema. The American Cancer Society estimates that smoking cigarettes accounts for 85 percent of lung cancer cases among males and 75 percent among females.
Tobacco and The Lungs

In the lungs, cancerous agents of tobacco smoke attack tissue and tiny air sacs where the oxygen/carbon dioxide exchange takes place. As damage to the lungs continues, breathing capacity is destroyed, leading to emphysema. Emphysema is a noncancerous lung disease that destroys the elasticity of the lungs and impairs its ability to inhale and exhale properly. Tissue affected by emphysema can be repaired or replaced, and the smoker eventually has to gasp for breath. Emphysema kills approximately 16,000 Americans each year.

Lung cancer begins with the constant irritation of smoke on the lining of the bronchi. These hairlike cilia which filter air disappear from the lining and a mucos is secreted to take its place. This mucus then becomes trapped and is forced out of the lung by "smoker's cough."

If a smoker gives up smoking before cancerous cells are present, the bronchial lining can repair itself. If abnormal cell growth has begun, the cancer will spread, blocking the bronchi and attacking other lung tissue. As the cancer progresses, the abnormal cells break loose from the lung and are carried by the lymphatic system to other vital organs, where new cancers begin.

The five-year survival rate for lung cancer is less than ten percent. The disease is rarely detected early enough for cure because lung cancer often shows no symptoms until it is far advanced.

## Tobacco and the Heart

The American Heart Association estimates that about one-fourth of fatal heart attacks are caused by cigarette smoking, about 120,000 heart attack deaths per year.

Tobacco smoke is a major independent risk factor for fatal and non-fatal heart attacks in both men and women. The risk of heart attacks, strokes, and blood clots increases tenfold for women who both smoke and use oral contraceptives.

## Smoking and Pregnancy

Tobacco has significant adverse effects for pregnant women. Smoke in the mother's bloodstream alters the heart rate, blood pressure, oxygen supply, and acid balance of the unborn child. An expectant mother who smokes two packs a day blocks off the equivalent of 25 percent of the oxygen supply to the fetus.

Pregnant smokers experience more stillbirths, spontaneous abortions, premature births, and low-weight babies than nonsmoking mothers. Children born to mothers who smoke during pregnancy may have measurable deficiencies in physical growth, learning disabilities, birth defects and chronic breathing difficulties.

## Dependency and Withdrawal

The use of tobacco is addictive. According to the National Institute on Drug Abuse (NIDA), most users develop tolerance to nicotine - the need for greater amounts to produce a desired effect. Smokers become physically and psychologically dependent, and will suffer withdrawal symptoms when use is stopped. The severity of the symptoms differs from person to person. Generally symptoms subside in about seven days, but may last for weeks or months. Physical withdrawal symptoms include changes in body temperature, heart rate, digestion, muscle tone and appetite. Psychological symptoms include irritability, anxiety, sleep disturbances, nervousness, headaches, fatigue, nausea and a craving for tobacco which can continue for a long time. Reports show that one out of every five smokers has occasional cravings for more than five years after quitting.

Damage to tissues caused by smoking can be reversed if smoking stops before the onset of lung, heart or circulatory disease. After a year of nonsmoking, the risk of a heart attack begins to decline; after ten years of not smoking, the risk is about the same as that of a nonsmoker. The risk of lung cancer begins to decrease as soon as smoking stops and steadily drops to about that of a nonsmoker after 10 to 15 years.

## Quitting Smoking and Tobacco Products

Quitting the use of any tobacco product is not an easy task. Cigarettes and other tobacco products often become a crutch during stressful times and a means of enhancing pleasure. For many, tobacco becomes not only a habit, but an addiction. Heavy users — the most addicted — have the greatest difficulty quitting as well as those who began using before age 20.

There are about 40 million ex-cigarette smokers in the U.S. today, so it can be done! Some users quit "cold turkey" - stopping use abruptly; others may make a pact with a friend or set a goal; while some may choose to go to a clinic or use a special program. It doesn't matter how. What's important is taking the first step - wanting to quit!

## For More Information:

The Clearinghouse
Florida Alcohol and Drug Abuse Association
1286 North Paul Russell Road
Tallahassee, Florida 32301

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INFUSION
PROJECT
Preventing Alcohol & Drug Use

CONSIDER THE INFLUENCE

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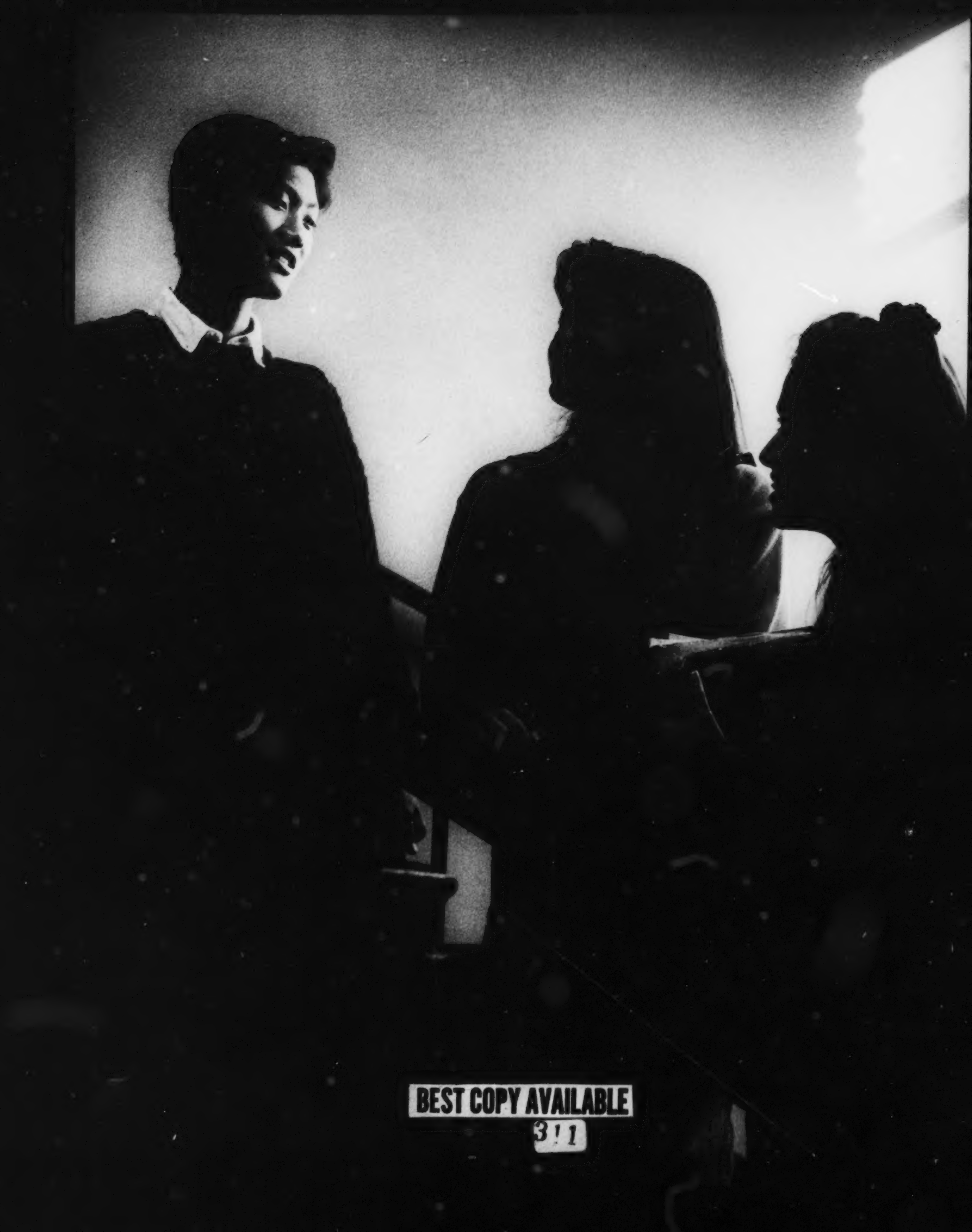

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*More than 42% of 6th graders have tried alcohol.*

*One in six 13 year olds has used marijuana.*

*One in three 6th graders have felt pressure to use crack cocaine.*

STATISTICS abound to remind educators of the growing threat and presence of drugs among middle school students. But the fact is that early adolescents who are the emerging targets of the drug culture also present educators with a challenging opportunity... a chance to prepare those students to resist the pressure and threats *before* drugs become part of their young lifestyle.

The potential for positive influence at a critical time in the lives of middle schoolers is enormous for educators, and particularly for classroom teachers.

Drug awareness, education and prevention have traditionally been handled by such middle school educators as health teachers, guidance counselors or administrative personnel. The Infusion Project seeks to broaden the scope of that responsibility. It provides a means for teachers in other disciplines to exert their influence against drug and alcohol use, within the context of their own curriculum.

## AN INTERACTIVE APPROACH TO ALCOHOL AND DRUG PREVENTION

Research has confirmed that the most effective education for middle school students is that which involves them interactively in the learning process. These students need more than facts; they need relevance which will motivate processing those facts to affect their daily lives. We know that participatory, interactive learning accomplishes this goal.

One type of interactive learning is *infusion learning*. We define infusion learning as the integration or infusion of a topic into the classroom presentation of pre-planned academic and other courses.

The infusion of drug use prevention material through interactive learning also relies heavily on peer interaction as part of the learning process. This strategy greatly reduces student resistance to accepting drug-related information and facilitates processing it into their individual decision-making processes.

## A READY-TO-USE CLASSROOM PROGRAM

This project has been developed by a team of educators which includes teachers like you – classroom teachers who understand the need for easy-to-apply, ready-to-implement help in a complex and sensitive area of study. It is modular in concept, and filled with examples, suggestions and ideas you can adapt to your classroom situation.

We invite you to consider the potential you have for directing young lives away from drug use... to consider the influence you can exert toward molding drug-free lives... and to consider this project as a practical blueprint for realizing both of these goals in your classroom.

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# How Project Modules Facilitate Infusion

THE module series, of which the project consists, is comprised of lessons which can be integrated or infused into an existing middle school curriculum. Specific areas for which modules exist include such widely diverse subjects as geography, language arts and health. Separate modules have also been developed for use in exceptional education classes.

Modules are not "drug lessons." More specifically, they are not meant to *add* activities to an already busy class period, but to be infused with existing classroom study units; to give the student an opportunity to respond to that information and demonstrate understanding; and to enable the student to process information into his or her individual lifestyle.

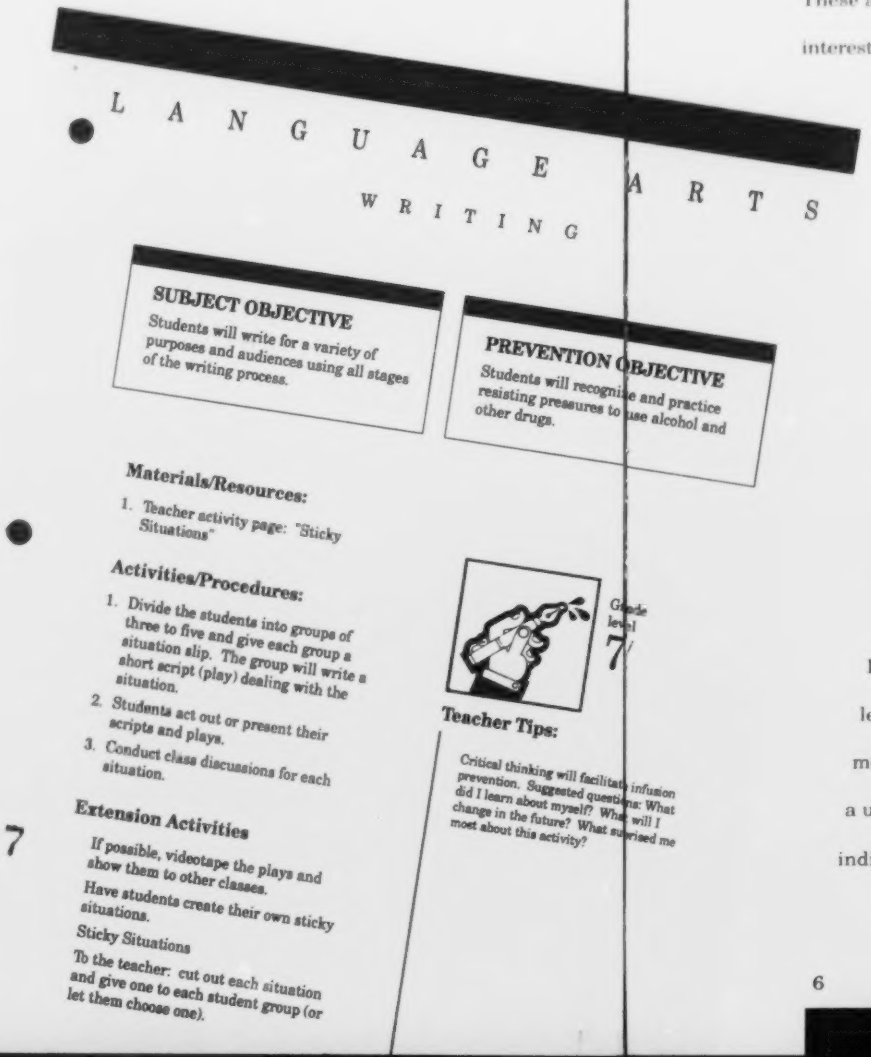
A SAMPLE MODULE GUIDESHEET demonstrates how the project modules are "ready-to-use." Each teacher is encouraged to follow the details of the guidesheets to whatever extent he or she feels is appropriate. This built-in flexibility takes advantage of the classroom teacher's discretion and creativity in providing prevention learning best suited for the individual classroom.

## TO ASSIST THE CLASSROOM TEACHER, EACH MODULE PROVIDES:

**1. Two-fold Module Objectives**

*Subject Objective* – This objective should coincide with that of your own unit plan. Your Subject Objective, as prescribed on module guidelines provided, would be to demonstrate knowledge or understanding of some facet of geography, math or other class subject material. This objective is one you have already scheduled in your lesson plans.

*Prevention Objective* – This parallel objective relates to some area of prevention-related facts or information, exposure to which reinforces the danger of drug or alcohol use.* A typical Prevention Objective is, "Students will recognize the major effects of alcohol and/or tobacco use on each body system."



LANGUAGE ARTS

WRITING

**SUBJECT OBJECTIVE**

Students will write for a variety of purposes and audiences using all stages of the writing process.

**PREVENTION OBJECTIVE**

Students will recognize and practice resisting pressures to use alcohol and other drugs.

**Materials/Resources:**

1. Teacher activity page: "Sticky Situations"

**Activities/Procedures:**

1. Divide the students into groups of three to five and give each group a situation slip. The group will write a short script (play) dealing with the situation.
2. Students act out or present their scripts and plays.
3. Conduct class discussions for each situation.

**Extension Activities**

If possible, videotape the plays and show them to other classes.

Have students create their own sticky situations.

Sticky Situations

To the teacher: cut out each situation and give one to each student group (or let them choose one).

Grade level

7

**Teacher Tips:**

Critical thinking will facilitate infusion prevention. Suggested questions: What did I learn about myself? What will I change in the future? What surprised me most about this activity?

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* For the purposes of this project, the term "drug" includes any depressant, stimulant, hallucinogen, narcotic or other substance which alters normal functions of the mind or body and/or which may be addictive, and/or which has the potential to cause physical, mental or psychological damage to the user. This includes alcohol, caffeine, nicotine and prescription drugs, as well as illicit drugs.

**2. Materials/Resources**

Teachers receive an itemized list of materials required to achieve the Subject and Prevention Objectives of each respective module. They will also be directed to appropriate reference material, which is either attached to the module guidesheet or is readily available in the school learning resource/media center.

**3. Procedures/Activities**

Teachers are provided a specific list of suggested student activities, discussion topics and classroom procedures which target achievement of both Prevention and Subject Objectives. Teachers may use any or as many of the items on this list as they wish... modify them to meet specific classroom needs... or develop their own activities which they feel will help reach those same objectives.

**4. Extension Activities**

These are suggested additional classroom or out-of-class activities which take advantage of demonstrated student interest in a specific subject area. Extension Activities could range, for example, from written reports on recovering celebrity addicts and alcoholics to home-videotaped television commercials depicting alcohol and over-the-counter drugs as essential to success and well-being.

**5. Teacher Tips**

These are other tips, suggestions or practical bits of information which help the teacher in implementing this module and making it more effective.

In this area, special attention is given to ways to facilitate student *processing* of information and ideas they are receiving about alcohol and other drug use prevention. Processing throughout these lessons is intended to stimulate critical thinking, to cause students to identify the *personal* meaning and applications of the lesson's teachings to their lives beyond the classroom.

Finally, evaluation is as essential to measuring the effectiveness of this project as it is to any classroom lesson. We have not included any specific evaluation guidelines in the modules, however, because each module will be interpreted and presented differently by each teacher. And each classroom situation presents a unique set of circumstances. Accordingly, determining an appropriate means of evaluation is left to the individual teachers.

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# *Develop Your Own Modules*

The Infusion Project is structured to recognize that each classroom situation is unique in its needs for drug and alcohol prevention education. For that reason, you are urged to use each module as a starting point from which to spark your own creativity.

Regardless of the subject, drug and alcohol prevention information can be infused into classroom activities so that both the Subject Objectives and Prevention Objectives can be achieved.

THE FOLLOWING ARE SOME TYPICAL SUBJECT-SPECIFIC EXAMPLES:

**Language Arts:**

- Reports on prominent writers whose literary careers were curtailed by the use of drugs or alcohol, i.e., F. Scott Fitzgerald, Edgar Allen Poe, etc.;
- A study of the roles which drugs and alcohol play in literature;
- Spelling definition and consequence studies of types of drugs.

**Mathematics:**

- Study of percentages of alcohol in the body and levels of effect on mind-and-body function;
- Analysis of the costs to business of employee alcohol and drug use.

**Geography:**

- Plotting routes of illegal drug trade from producing countries to specific U. S. cities;
- Gaining insight into the societal, governmental, and economic problems caused by alcohol and drug abuse.

**Science:**

- Chemical properties of nicotine, alcohol and caffeine;
- The application of the scientific method to decisions on drugs;
- The long-term effects of alcohol on the body.

**Physical Education/Health:**

- Effects of steroid use by athletes;
- The positive role of fitness through sports participation;
- Self-esteem discussions for those who are not sports talented.

**Social Studies:**

- A discussion of drugs in the community related to violent crime;
- A study of the falling prestige of smoking in today's society;
- A review of how public attitudes have changed and matured about drinking, especially driving and drinking.

The wealth of resources available at the local level, in media centers, in guest speakers, even in the daily headlines, lends itself to classroom teachers creating their own modules, and tailoring those modules to the specific needs of each class.

## PROGRAM MODULE CRITERIA

The following is a checklist of criteria which can be used by individual classroom teachers in developing their own drug and alcohol prevention learning modules.

# THE PROPOSED MODULE

1. Can be easily infused into the subject area;

2. Includes a Prevention Objective *and* a Subject Objective into which it can be infused;

3. Promotes higher level thinking skills;

4. Provides knowledge, insight and a proactive personal application through an opportunity for processing

5. Helps build such life skills as:
    - Problem solving
    - Critical thinking
    - Decision making (making low-risk choices)
    - Communication (assertiveness training, resistance skills)
    - Peer selection
    - Self-improvement
    - Stress reduction
    - Consumer awareness of attitude manipulation

6. Strongly emphasizes prevention of the gateway drugs: tobacco, alcohol and marijuana;

7. Promotes healthy alternatives to alcohol and drug use;

8. Addresses the influence of social systems, i.e., family, peer group, media;

9. Utilizes the principles of public prevention programs (such as "Stop Smoking" campaigns):
    - The focus on short-term social consequences
    - Sensitization to peer and media pressures to smoke or drink
    - Conscious resistance to those pressures, armed with drug information, determination and support
    - High levels of audience participation
    - Role-playing and other classroom exercises to practice behaviors, including resistance behavior

10. Addresses the special problems of high-risk students:
    - antisocial behavior, academic failure, nonsupportive family/home environment.

ALL INFUSION MODULES SHOULD INCLUDE THE COMPONENT OF PROCESSING.

*Processing is Integral to a central goal of the Skills for Adolescence program – teaching critical thinking. Students are actively involved in their learning. They do, see, feel, think, and hear. Through processing, they are actively involved in figuring out what they are learning and what it means to them outside the classroom.

Processing throughout and at the end of lessons *is* intended to cause students to identify the personal meaning and application of the lesson's teachings.

Should students' responses suggest that they have come to inaccurate or inappropriate conclusions (i.e., there are no harmful effects associated with drinking alcohol), it's up to the teacher to use additional questions, statements of observation, use problem-solving or extend (review or repeat) the lesson to achieve the goal of the lesson.

A simple way to look at the role of processing in a lesson is to think of a classroom session as having the three parts listed below. Processing is represented by the last two:

| | |
|---|---|
| What? | The activity; a hands-on experience, a movie, a discussion. |
| So What? | Identify thoughts, feelings, reactions and what may have triggered them, insights, surprises, questions, learnings. |
| Now What? | Apply information/insights/learnings to other situations. Project how to use in future situations. |

THE FOLLOWING suggestions should contribute to successful processing:

Move from private to public with respect to the answering environment. In the early stages, ask students to respond in the lowest risk environment (think the answer), moving up the scale to the most amount of risk as students become more comfortable with these types of questions. The following scale depicts low to high risk environments:

Think the answer – Write it but don't share it – With a partner – In trios – In a small group – In front of the entire class

Address your question to the group, not to a specific student.

Use "Wait time." Ask your question, then wait. Count slowly to seven, then rephrase the question. Try to avoid answering the question yourself or calling on the "students with all the answers."

Accept several responses to your question. If you stop at one, you're telling students there was one correct response to the question.

Acknowledge students' responses. Vary your comments while being careful not to advise, evaluate, or moralize.

Summarize students' responses at the end of each question (tell them what they told you).

When students' responses contradict intended learnings from the session or violate responsible behavior, remind yourself your asking for opinions; everyone has a right to his or her own. Reflect feelings, restate the response or ask others for their opinions (be careful not to set up an attack situation which victimizes an individual).

If the activity bombs, play Johnny Carson. He is often at his best when he's "dying up there!" Here is a real opportunity to practice problem solving as a part of processing.

*Adapted from Lions Quest Skills for Adolescence Workshop Guidebook, 1989. Quest International, 537 Jones Rd., P.O. Box 566, Granville, OH 43023-0566.

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# *Peer Participation and Support — Redefining Acceptance*

THIS PROJECT has been developed to infuse the lessons of prevention into a variety of academic classrooms, combining knowledge of drugs and the consequences of use with academic subject matter, and enhancing the learning experience, wherever possible, with peer participation and open discussion.

According to research, peer programs are dramatically more effective than programs which rely on "knowledge-only" strategies, or which use "affective-only" activities, i.e., self-image enhancement, value development, self-esteem building, etc. Acceptance by one's peers is perhaps the primary day-to-day goal motivating middle school-age youngsters.

Peer participation is based on the fact that peer pressure outside the classroom is the single most powerful factor in inducing initial drug use and experimentation among young adolescents. A drug use prevention program which neutralizes peer pressure by encouraging a peer dialog of encouragement and support is far more likely to achieve long-term results.

Through a variety of activities, this project gives students the intellectual ammunition to decide against drug use; it makes "just saying no" a peer-acceptable action which makes obvious sense, and which needs no justification or defense in the schoolyard or on the street.

## Opening Channels of Communication and Information

Students in the middle school grades often have a need to communicate about ambiguities in their stance on drugs. Youngsters who would never ask a drug-related question at home will often willingly seek information once the subject is broached in an open classroom. The project encourages that open discussion, which the teacher moderates on an objective, non-judgmental basis.

# *Consider the Potential for Today and for a Lifetime*

The Infusion Project is predicated on three facts:

**1.** That middle school students making decisions about drugs desperately need information and support to counter the societal, media and peer pressure they are exposed to beyond the classroom door;

**2.** That classroom teachers, by virtue of daily contact, can exert enormous influence on that decision-making process; and...

**3.** That through the use of interactive infusion learning, ideas and attitudes can be instilled *as an integral part of existing academic plans and objectives.*

As a classroom teacher who instructs and influences the lives of hundreds of middle school youngsters every school day, you have an opportunity to guide your students away from experimentation with that first cigarette or wine cooler... away from peer temptations to try marijuana, the currently fashionable designer drugs or crack cocaine.

In the long term, you hold the potential to affect young lives at a crucial time in their development, enabling today's youngsters to make decisions which will help forge them into productive citizens well into the next century.

# Prevention Learning Reference and Resource Guide

### National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

Information and services for the general public on questions about all types of drug and medicine use and abuse. NCADI is especially designed to serve community leaders, youth workers, parents, health care providers, and concerned citizens. **This is the chief National Information Center for citizen information on substance issues.**

### Drug Alliance Office

ACTION
806 Connecticut Avenue, N.W.
Washington, D.C. 20525
(202) 634-9759

Voluntary projects to provide prevention programs and staff via VISTA, Foster Grandparents, and Retired Senior Volunteers Program (RSVP). These Programs enlist the activity of trained private citizens who commit to joining programs and contributing full- or part-time effort for a specified time in an area to which they are assigned by ACTION.

### Drug Prevention Program for Department of Defense Schools

Office of Dependent Schools
Hoffman Building I
2461 Eisenhower Avenue
Alexandria, VA 22331-1100
(703) 325-0660

Prevention programs in the Department of Defense's schools for personal dependents.

### National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Department of Health and Human Services
Room 14C-17
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2954

Information and research on alcoholism and alcohol-related problems of children and adolescents, and school-and community-based intervention programs.

### National Institute on Drug Abuse (NIDA)

Department of Health and Human Services
Room 10-04
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4577

Information, research and programs on all aspects of drug abuse prevention and treatment.

### National Institute of Mental Health (NIMH)

Department of Health and Human Services
Room 15C-05
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4515

Research on the stages of dependency, prevention and intervention, and the links between substance abuse and delinquent behavior.

### Office of Smoking and Health (OSH)

Public Health Service
Technical Information Center
Park Building
5600 Fishers Lane
Rockville MD 20857
(301) 443-1690

Information on all aspects of tobacco and its effects, methods of ingestion, and prevention and treatment programs.

### Drug Enforcement Administration (DEA)

Demand Reduction Section
Department of Justice
Room 1203
1405 Eye Street, N. W.
Washington, D. C. 20537
(202) 786-4096

Sports Drug Awareness Program and drug abuse education and prevention publications.

### Safe Schools Program

National Institute of Justice
Room 805
633 Indiana Avenue, N.W.
Washington, D.C. 20531
(202) 272-6040

A program to assist school administrative personnel in developing and maintaining safe learning environments at the school building level.

### National School Safety Center

Office of Juvenile Justice and
Delinquency Prevention
Department of Justice
Suite 200
16830 Ventura Boulevard
Encino, CA 91436
(818) 377-6200

A project to study the frequency and patterns of delinquency at the school building level, identify possible remedies, and promote crime prevention and the restoration of discipline. Substance abuse as well as other causes of delinquency are studied.

### Drug and Alcohol Abuse Prevention and Treatment

Office of Juvenile Justice and
Delinquency Prevention (OJJDP)
Department of Justice
Room 758
633 Indiana Avenue, N.W.
Washington, D.C. 20531
(202) 724-8491

Assistance to communities experiencing serious substance abuse problems among children and youth.

### Narcotics Education, Inc.

This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use: *WINNER* for Preteens and *LISTEN* for teens.

6830 Laurel Street, N.W.
Washington, D.C. 20012
1-800-548-8700
Washington D.C. area (202) 722-6740

### Parents' Resource Institute for Drug Education, Inc. (PRIDE)

This national resource and information center offers consultant services to parent groups, school personnel, and youth groups, and provides a drug-use survey service. It conducts an annual conference; publishes a newsletter, a youth group handbook, and other publications; and sells and rents books, films, videos, and slide programs. Membership is $20.00.

The Hurt Building,
50 Hurt Plaza,
Suite 210,
Atlanta, GA 30303
(404) 577-4500; 1-800-241-9746

### Schools Without Drugs: The Challenge, U.S. Department of Education

Cosponsored by 14 national education, law enforcement, and parent organizations. The Challenge Program seeks a commitment from schools and their local communities to combat alcohol and drug use. Schools that enroll in The Challenge receive a banner and the bimonthly newsletter, which provides information on research and practice related to prevention and intervention.

Schools Without Drugs:
The Challenge,
U.S. Department of Education,
Washington, D.C. 20202
(202) 732-4161

### American Council for Drug Education (ACDE)

ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films.

204 Monroe Street,
Suite 110,
Rockville, MD 20852
(301) 294-0600

### Southeast Regional Center for Drug-Free Schools and Communities

University of Louisville
School of Education, Room 315
Louisville, KY 40292
(502) 588-6852

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Design, photography and production of this package by the Publications Department, Valencia Community College.

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